



U.S. Department
of Transportation

**National Highway
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Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-87C-47169
Case DSI-93-AB-006

 1993

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-87C-47169
CASE NUMBER: Case DSI-93-AB-006

[REDACTED]

This two vehicle collision occurred on a three-lane, undivided, asphalt paved, urban roadway at a right angle intersection with a seven-lane, divided, urban roadway during the evening hours of a spring weekday in [REDACTED] Maryland [REDACTED] hrs. on [REDACTED] 93).

Vehicle 1, a 1993 Plymouth Acclaim, was being driven west in westbound travel lane one by the unrestrained, 45 year old male driver at a speed estimated to be between 56 and 64 KPH (35 and 40 MPH). Sitting in the right front seating position was an unrestrained, 30 year old female. Sitting in the left rear seating position was a 12 year old male who was wearing the available three-point manual lap/shoulder safety restraints. In the right rear seating position was a 14 year old female who was restrained by the available three-point manual lap/shoulder safety restraints.

Vehicle 2, a 1992 Ford Taurus station wagon, was being driven east in eastbound travel lane 2, in the process of turning left, by the restrained 39 year old male driver at a speed estimated to be between 32 and 40 KPH (20 and 25 MPH).

In the process of making the left turn, Vehicle 2 drove into the travel path of Vehicle 1 and the right front of Vehicle 2 impacted the front plane of Vehicle 1 in a head-on configuration. The forces involved in this impact apparently exceeded the manufacturer's threshold in the supplemental restraint system in both Vehicle 1 and Vehicle 2, and the driver's side airbag in each vehicle deployed.

The Delta V for Vehicle 1 was computed, using CRASH III PC, as 37.5 KPH (23.3 MPH) using a CDC of 12FYEW3 and a PDOF of 357 degrees. The combined direct and induced damage width was 152 cm (60 in) and the maximum crush depth was 77 cm (30.3 in) at C_2 .

The Delta V for Vehicle 2 was computed, using CRASH III PC, as 35.2 KPH (21.9 MPH) using a CDC of 01FZEW2 and a PDOF of 015 degrees. The combined direct and induced damage width was 157 cm (62 in) and the maximum crush depth was 55 cm (21.6 in) at C_4 .

After impact, Vehicle 2 rotated counterclockwise and came to rest in the western quadrant of the intersection. It appears that Vehicle 1 did not rotate after impact and came to rest in the northern quadrant of the intersection.

The driver of Vehicle 1 sustained minor injuries consisting of a fracture, abrasions and contusions; maximum AIS = AIS-2. He was transported to a local hospital where he was treated and released. The right front occupant sustained moderate injuries consisting of a closed head injury, fractures and lacerations; maximum AIS = AIS-3. She was transported to a local trauma center

where she was admitted for treatment. The left rear occupant sustained contusions and abrasions; maximum AIS = AIS-1, and he was transported to a local hospital where he was treated and released. The right rear occupant sustained moderate injuries consisting of a pneumothorax, fracture, rupture, lacerations and contusions; maximum AIS = AIS-3. She was transported to a local hospital, then transferred to a trauma center where she was admitted for treatment.

The driver of Vehicle 2 sustained minor injuries consisting of fractures; maximum AIS = AIS-2. He was transported to a local hospital where he was treated and released.

Both Vehicle 1 and Vehicle 2 were towed from the scene due to damage sustained in this collision.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crash-worthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-93-AB-006

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ACCIDENT DATA:

Location: [REDACTED] Maryland
Area/Type: Urban/Business
Date/Time: Spring/Evening
Accident Type: Car/Car - Head-on

Injury Severity:

Vehicle 1: Driver, AIS-2
R/F Occupant, AIS-3
L/R Occupant, AIS-1
R/R Occupant, AIS-3

Vehicle 2: Driver, AIS-2

AMBIENCE:

Viewing Conditions: Night, road lighted by mercury vapor
street lights - no restrictions
Cloud Cover: Clear
Precipitation: None
Temperature: 16 to 18 ° C (60 to 65 ° F)
Road Surface: Dry

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ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	3-lane, undivided at right angle intersection with 7-lane, divided roadway	3-lane, undivided at right angle intersection with 7-lane, divided roadway
Width:	10.9 m (35.7 ft)	10.5 m (34.6 ft)
Traffic Density:	Heavy	Heavy
Median:	None	None
Edge:	15 cm (6 in) raised concrete curbs	Formal grass
Surface:	Asphalt	Asphalt
Reported Defects:	None	None
Co-efficient of Friction (est.):	.70	.70
Vertical Alignment:	Level	Level
Horizontal Alignment:	Straight	Straight

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Traffic Controls:

	VEHICLE 1	VEHICLE 2
Signals:	On color red, yellow and green traffic signals	On color red, yellow and green traffic signals
Signs:	Several directional and informational signs	Several directional and informational signs
Speed Limit:	56 KPH (35 MPH)	56 KPH (35 MPH)
Markings:	Single, solid, white painted line at north edge (curb) of westbound travel lane 1. Single, solid, white painted line separates westbound travel lanes 1 and 2. Double, solid yellow painted lines separate westbound and eastbound travel lanes. Single, solid white painted line at south edge (curb) of eastbound travel lane.	Single, solid, white painted line separates eastbound travel lanes 1 and 2. Double, solid, yellow painted lines separate eastbound and westbound travel lanes. Single, solid white painted line at the north edge of westbound travel lane.

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VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1993 Plymouth Acclaim, 4-door	1992 Ford Taurus station wagon
Odometer:	39,154 km (24,330 mi)	49,594 km (30,817 mi)
Engine:	I4 / 2.5 L	V6 / 3.0L
Vehicle Modifications:	None	None
Tire Condition:	Good, approximately 60 percent of tread remains. No abnormal tread wear patterns.	Good, approximately 50 percent of tread remains. No abnormal tread wear patterns.
Manual Restraints:	3-point, manual lap/shoulder restraints at L/F, R/F, L/R and R/R seating positions. 2-point manual lap restraints at C/R, seating position.	3-point, manual lap/shoulder restraints at L/F, R/F, L/R and R/R seating positions. 2-point manual lap restraints at C/F and C/R, seating positions.
Automatic Restraints:	Driver's side airbag	Driver's side airbag
Reported Defects:	None	None
Cargo:	None	68 kgs (150 lbs) assorted boxes of books and art supplies
Windshield Damage:	Cracked by occupant contact and impact forces	Cracked by impact forces
Fleet:	None	None
Tow Status:	Towed due to damage	Towed due to damage

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VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	1	1
CDC:	12FYEW3	01FZEW2
Maximum Crush:	77 cm (30.3 in) at C ₂	55 cm (21.6 in) at C ₄

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed: (estimated)	56-64 KPH (35-40 MPH)	32-40 KPH (20-25 MPH)
Total Delta V:	37.5 KPH (23.3 MPH)	35.2 KPH (21.9 MPH)
Longitudinal Delta V:	-37.5 KPH (-23.3 MPH)	-33.9 KPH (-21.1 MPH)
Lateral Delta V:	1.9 KPH (1.2 MPH)	-9.2 KPH (-5.7 MPH)
Energy Dissipation:	107,215.9 joules (79,079.5 ft-lb)	63,654.5 joules (46,949.8 ft-lb)

Calculations based upon: CRASH III PC only.
No residual scene evidence

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COLLISION SEQUENCE:

Pre-Crash:

This two vehicle accident occurred during the evening hours of a spring weekday on a three-lane, urban/business roadway in [REDACTED], Maryland. The weather was clear, the roadway was dry and free of defects. It was dark, the roadway was illuminated by mercury vapor street lights, and there were no viewing restrictions. The traffic density was heavy and there is a posted speed limit of 56 KPH (35 MPH).

The roadway is a northwest/southeast, three-lane, asphalt paved road that intersects at right angles with a seven-lane, divided, asphalt paved, northeast/southwest roadway. The intersection traffic is controlled by on color red, yellow and green traffic signals. The estimated coefficient of friction of the intersection surface is .70.

The configuration of the northwest quadrant of the intersection is a southeast bound through travel lane separated from a dedicated left turn lane by a single, solid, white painted line. The dedicated left turn lane is separated from the single northwest bound through travel lane by double, solid, yellow painted lines. The west edge of the roadway is formal grass with no curbs. The east edge of the roadway is a 15 cm (6 in) raised concrete curb.

The southeast quadrant consists of a single northwest bound through travel lane separated from a dedicated left turn lane by a single, solid, white painted line. The dedicated left turn lane is separated from the southeast bound through travel lane by double, solid, yellow painted lines. The east and west edges of the roadway are 15 cm (6 in) raised concrete curbs.

Vehicle 1, a 1993 Plymouth Acclaim four-door, was being driven northwest in the northwest bound through travel lane, entering the southeast quadrant of the intersection, by the unrestrained, 45 year old male driver at a speed estimated to be between 56 and 64 KPH (35 and 40 MPH). Seated in a normal, upright seated position, in the right front seating position was an unrestrained, 30 year old female. Seated in the left rear seating position was a 12 year old male who was restrained by the available three-point, manual lap/shoulder safety restraints. The right rear seating position was occupied by a 14 year old female who was restrained by the available three-point manual lap/shoulder safety restraints.

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Vehicle 2, a 1992 Ford Taurus station wagon, was being driven southeast in the dedicated southeast bound left turn lane at a speed estimated to be between 32 and 40 KPH (20 and 25 MPH) by the 39 year old male driver who was restrained by the available three-point, manual lap/shoulder safety restraints. The driver of Vehicle 2, who was alone in the vehicle, entered the northwest quadrant of the intersection and began to negotiate a left turn into the northeast quadrant of the intersection.

Crash: Vehicle 2 was driven into the travel path of Vehicle 1 and the left front plane of Vehicle 1 impacted the right front plane of Vehicle 2 in a head-on configuration.

The Delta V for Vehicle 1 in this impact was computed, using CRASH III PC, as 37.5 KPH (23.3 MPH) using a CDC of 12FYEW3 and a PDOF of 357 degrees. The combined direct and induced damage width was 152 cm (60 in) and the maximum crush depth was 77 cm (30.3 in) at C₁. Vehicle 1 was equipped with a driver's side airbag. The forces of this impact apparently exceeded the manufacturer's supplemental restraint system threshold and the airbag deployed.

The Delta V for Vehicle 2 in this impact was computed, using CRASH III PC, as 35.2 KPH (21.9 MPH) using a CDC of 01FZEW2 and a PDOF of 015 degrees. The combined direct and induced damage width was 157 cm (62 in) and the maximum crush depth was 55 cm (21.6 in) at C₁. This vehicle was also equipped with a driver's side airbag, and the forces involved in this collision apparently exceeded the manufacturer's threshold in the supplemental restraint system and the airbag deployed.

Post Crash: At the time of the on-site scene inspection that occurred seven days post accident, and within 24 hours of notification, no residual scene evidence could be located. However, based on the driver's statements and the dynamics of the collision, it appears that, at maximum engagement, Vehicle 2 began a counterclockwise rotation, and Vehicle 1 veered right and traveled north in a straight line coming to final rest facing north in the northbound travel lane, at the intersection's north curb. Vehicle 2 continued the counterclockwise rotation of approximately 180 degrees and came to rest in the southeast through travel lane, facing west at the intersection's west curb.

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Occupant Kinematics:

The 45 year old driver of Vehicle 1 was seated in a bucket seat in a normal, upright seated position. The driver is 178 cm (70 in) in height and weighs 82 kg (180 lbs). The driver's seat was adjusted to the mid-position and the seat back was adjusted to a normal, upright configuration. Based on occupant contact points, injuries and seat belt inspection, the driver of Vehicle 1 was not wearing the available three-point manual lap/shoulder safety restraints. At impact, the driver's left foot was braced on the floor/toe pan and his right foot was on the brake pedal. In addition, the driver stated that both hands were on the steering wheel rim at the 10 o'clock and 2 o'clock positions, and that he stiffened his arms to brace for the impact.

As a result of the impact forces, the driver was projected forward and slightly to the left and his right knee contacted the instrument panel resulting in a fractured right patella. The driver's hands were forced from the steering wheel rim and the left hand was projected forward causing an abrasion of the left arm as it contacted the steering wheel rim. His left hand continued forward, striking the upper left instrument panel. The driver's right hand continued forward and upward striking the upper center left side windshield resulting in no injury, but causing a "spider-web" crack in the windshield. As the steering column intruded longitudinally and vertically, the steering wheel rim was contacted by the driver's lower chest resulting in a contusion. The driver's face and upper chest contacted the airbag as it deployed, but he sustained no injury as a result of this contact.

Occupant 2 was seated in a normal, upright seated position in a bucket seat that was adjusted to the mid-point. The case occupant is 160 cm (63 in) in height and weighs 102 kg (225 lbs), and she was not wearing the available three-point manual lap/shoulder safety restraints. This occupant, in anticipation of the impact, braced her right and left feet on the floor/toe pan and stiffened her right arm with the right hand on the instrument panel. At impact this occupant was projected forward and to the left. Her right hand was projected forward and up, striking and cracking the right windshield. At the same time her head impacted the rear view mirror and center windshield resulting in a closed head injury with a loss of consciousness of less than one hour and a left eyebrow laceration. Her right hand was apparently not injured. As she was projected forward, left

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and upward, her braced right foot came off the floor/toe pan and struck the heater/air conditioning mechanism under the right instrument panel and her right lower leg and thigh impacted the right instrument panel resulting in fractures of the right femur (mid-shaft), the right tibia (mid-shaft) and the right fibula (mid-shaft).

Occupant 3, a 12 year old male sitting on a bench seat in the left rear seating position in a normal, upright seated position, was wearing the available three-point manual lap/shoulder safety restraints. Occupant 3 is 157 cm (62 in) in height and weighs 41 kg (90 lbs). At impact this occupant was projected forward and slightly left. He loaded the safety restraints, and in so doing sustained minor contusions of the left shoulder and center chest from the safety restraint webbing.

A 14 year old female, Occupant 4, was sitting on a bench seat in the right rear seating position. It was reported that she was sitting in a normal, upright seated position and was wearing the available three-point manual lap/shoulder safety restraints. This occupant is 163 cm (64 in) in height and weighs 61 kg (135 lbs). It appears that the lap restraint was being worn high on the upper abdomen and at impact the occupant was projected forward and to the left, loading the lap/shoulder restraints, which resulted in a ruptured spleen, left pneumothorax, fractured right clavicle, colon laceration, parapancreatic hematoma, and a mesentery hematoma.

The 39 year old driver of Vehicle 2 was seated on a split bench seat, with separate backs, in a normal, upright seated position. The driver who is 180 cm (73 in) in height and weighs 73 kg (160 lbs) was wearing the available three-point manual lap/shoulder safety restraints. His seat was adjusted to near the rear most position and the rear bench seat had the back folded down to accommodate approximately 69 kg (150 lb) of cargo - books and art supplies. At impact, the driver of Vehicle 2 was projected forward and his face and upper chest contacted the driver's side airbag as it deployed. There was no injury from this contact. In addition, as the driver was projected forward, he loaded the three-point manual lap/shoulder safety restraints, and as the cargo shifted forward it struck and loaded the front seat back rests, increasing the loading force of the driver's shoulder and lap restraints, resulting in the driver sustaining a fractured left clavicle and a contusion to the lower abdomen. The left front seat back sustained no

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structural damage as a result of the cargo loading, but the right front seat back rest anchor was sheared and the seat back rest was pushed to the right against the right instrument panel.

AIRBAG SYSTEM:

Both vehicles involved in this head-on collision were equipped with supplemental restraint systems (driver's side only). At impact, the forces apparently exceeded the manufacturer's threshold speed and the driver's side airbag in each vehicle deployed.

Vehicle 1, 1993 Plymouth Acclaim, was equipped with a driver's side airbag, manufacturer undetermined. There were no stamped identifiers on the 61 cm (24 in) diameter, nylon-like airbag. However, a double bar code tag was found with the following numbers:

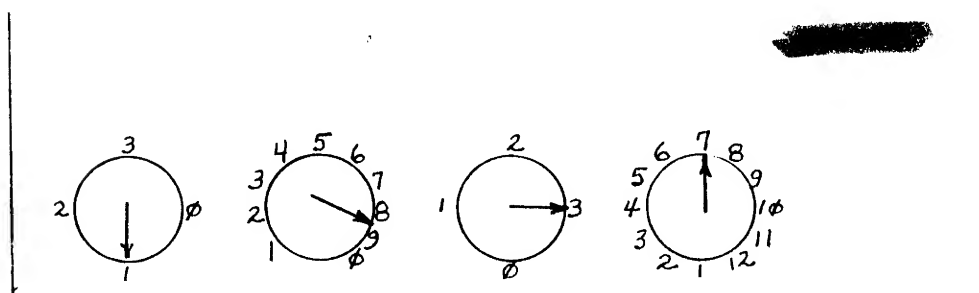
Top: [REDACTED]

Bottom: [REDACTED]

The airbag was not damaged during the accident and did not yield evidence of occupant contact. The airbag was vented by two ports on the back side of the bag (away from the driver). The 3.8 cm (1.5 in) diameter ports were located at the 11:00 and 1:00 o'clock positions approximately 7.6 cm (3 in) below the seam at the top of the airbag, and were separated by a distance of 3.8 cm (1.5 in).

At the time of Dynamic Science's on-site inspection, that occurred seven days post accident, the airbag contained eight horizontal fold creases and three vertical fold creases. The orientation of the fold points were referenced to the top of the steering wheel.

Imprinted on the inside surface of the lower module flap were the following characters:

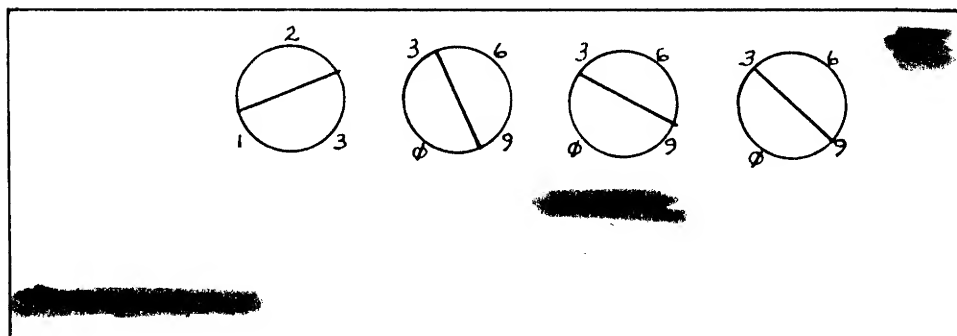


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Vehicle 2, 1992 Ford Taurus Station wagon, was equipped with a driver's side airbag, apparently manufactured by [REDACTED]. There were no stamped numbers or identifiers found on the nylon-like 53.3 cm (21 in) diameter airbag. The airbag was not damaged during the accident sequence, nor did it yield evidence of occupant contact. The airbag was vented by two ports located on the back, top side of the bag (away from the driver). The 2.5 cm (1 in) diameter ports were located 7.6 cm (3 in) below the bag's top seam, were separated by the distance of 16.5 cm (6.5 in) and were centered in the top quadrant of the bag.

At the time of Dynamic Science's on-site inspection, that occurred seven days post accident, the airbag contained seven horizontal fold creases and four vertical fold creases. The orientation of the fold points were referenced to the top of the steering wheel.

The lower flap of the airbag module was entrapped behind the lower steering wheel rim. The interior surface of the top module flap bore the following imprints:



The top of the steering wheel rim was deformed as a result of the driver bracing for the impact with both arms locked and both hands on the steering wheel rim at approximately the 10:00 and 2:00 o'clock positions. At impact, the driver's forward motion caused his arms and hands to deform the steering wheel rim forward. According to the driver, he sustained no injury to his arms or hands.

SCENE CLEARANCE: The driver of Vehicle 1 sustained minor injuries consisting of a fracture, abrasions and contusions; maximum AIS = AIS-2. He did not require extrication and was transported to a local hospital where he was treated and released. Occupant

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2 who was seated in the right front seating position, sustained moderate injuries consisting of fractures, a closed head injury and lacerations; maximum AIS = AIS-3. She did not require extrication and was transported to a trauma center where she was admitted for treatment. Occupant 3 sustained minor injuries consisting of contusions and abrasions; maximum AIS = AIS-1. He did not require extrication and was transported to a local hospital where he was treated and released. Occupant 4, sitting in the right rear seating position sustained moderate injuries consisting of a pneumothorax, fracture, rupture, lacerations and contusions; maximum AIS = AIS-3. She did not require extrication was transported to a local hospital, then transferred to a trauma center where she was admitted for treatment. There were no extrication procedures required to remove any of the four occupants of Vehicle 1.

The driver of Vehicle 2 sustained minor injuries consisting of a fracture and contusion; maximum AIS = AIS-2. Extrication procedures were not required for the driver and he was transported to a local hospital where he was treated and released.

Both Vehicle 1 and Vehicle 2 were towed from the scene due to damage sustained in this collision.

SAFETY STANDARDS: There were no violations of Federal Motor Vehicle Safety Standards and Regulations found regarding either Vehicle 1 or Vehicle 2 during the on-site vehicle inspections. However, Vehicle 2 sustained induced damage to the steering gear box contents and the vehicle had no steering control post-accident. Permission could not be obtained for a detailed inspection of the gear box contents. It was independently confirmed that there was no steering control, and that the front suspension and steering assembly were not damaged to the point of affecting the steering control of Vehicle 2.

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DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER	OCCUPANT 2
Age/Sex:	45 year old/Male	30 year old/female
Seated Position:	Left Front	Right Front
Seat Type:	Bucket	Bucket
Height:	178 cm (70 in)	160 cm (63 in)
Weight:	82 kg (180 lb)	102 kg. (225 lb)
Occupation:	Truck Driver	Not reported
Pre-existing Medical Condition:	None known	Obesity
Alcohol/Drug Involvement:	None	Tested positive for opiates
Driving Experience:	30 years	N/A
Body Posture:	Normal, upright seated position	Normal, upright seated position
Hand Position:	Both hands on steering wheel rim at the 11 and 1 o'clock positions	L. hand unknown, R. hand on instrument panel
Foot Position:	Left foot on floor/toe pan, right foot on brake pedal	Both feet on floor/toe pan
Restraint Usage:	None	None
Additional Occupants:	3	2

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DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 1

	OCCUPANT 3	OCCUPANT 4
Age/Sex:	12 year old/Male	14 year old/female
Seated Position:	Left Rear	Right Rear
Seat Type:	Bench	Bench
Height:	157 cm (62 in)	163 cm (64 in)
Weight:	41 kg (90 lb)	61 kg. (135 lb)
Occupation:	Student	Student
Pre-existing Medical Condition:	None known	None known
Alcohol/Drug Involvement:	None	None
Driving Experience:	N/A	N/A
Body Posture:	Normal, upright seated position	Normal, upright seated position
Hand Position:	Unknown	Unknown
Foot Position:	Both feet on floor	Both feet on floor
Restraint Usage:	3-point, manual lap/shoulder restraint	3-point, manual lap/shoulder restraint
Additional Occupants:	One	None

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DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

DRIVER

Age/Sex:	39 year old/Male
Seated Position:	Left front
Seat Type:	Split bench with separate backs
Height:	180 cm (71 in)
Weight:	73 kg (160 lb)
Occupation:	Manufacture's Representative
Pre-existing Medical Condition:	None known
Alcohol Involvement:	None
Driving Experience:	20+ years
Body Posture:	Normal, upright seated position
Hand Position:	Both hands on steering wheel rim at the 10:00 and 2:00 o'clock positions
Foot Position:	Left foot on floor/toe pan, right foot on brake pedal
Restraint Usage:	3-point, manual lap/shoulder restraint
Additional Occupants:	None

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INJURIES:

Vehicle 1

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Fracture, R. Patella	7852400.2,1	822.0	L. Inst. Panel
	Abrasion, L. Arm	7790402.1,2	913.0	Steering wheel rim
	Contusion, Chest	7490402.1,4	922.1	Steering wheel rim
R/F OCCUPANT:	Fracture, R. Femur (mid-shaft)	2851814.3,1	821.01	Inst. Panel
	Closed head injury with a loss of consciousness < one hour	2160202.2,0	850.1	Windshield/mirror
	Fracture, R. Tibia (mid-shaft)	2853420.2,1	823.22	Inst. Panel
	Fracture, R. Fibula (mid-shaft)	2851606.2,1	823.22	Inst. Panel
	Laceration, L. Eyebrow	2290602.1,2	873.42	Windshield/mirror
L/R OCCUPANT:	Contusion, L. Shoulder	7790402.1,2	923.00	Shoulder restraint
	Contusion, Chest	7490402.1,4	922.1	Shoulder restraint
R/R OCCUPANT:	Rupture, Spleen	2544240.3,2	865.02	Safety restraints
	Pneumothorax, left	2441402.3,2	860.0	Safety restraints
	Fracture, R. Clavicle	2752200.2,1	810.00	Safety restraints
	Laceration, Colon	2540810.2,8	863.42	Safety restraints
	Hematoma, Parapancreatic	2542812.2,7	863.80	Safety restraints
	Hematoma, Mesentery	2542010.2,8	863.20	Safety restraints

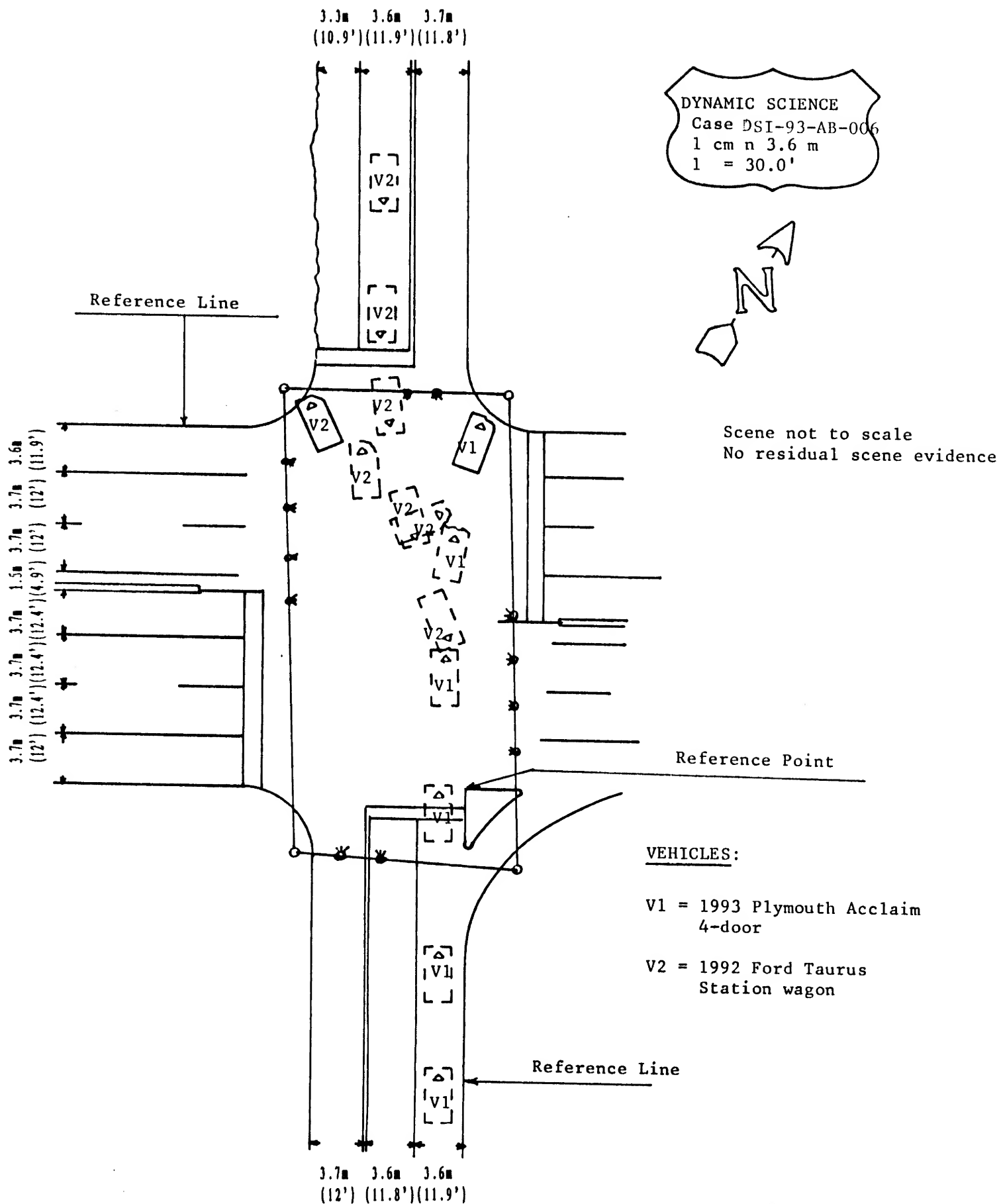
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INJURIES:Vehicle 2

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Fracture, L. Clavicle	7752200.2,2	810.00	Shoulder restraint
	Contusion, Abdomen	7590402.1,4	922.2	Lap restraint

Abbreviations Used In Scene And Photographic Documentation

'	Feet
"	Inches
ATIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
VI	Vehicle Number 1
W, WB	West, Westbound



COLLISION MEASUREMENTS

Case Number DSI-93-AB-006

Reference Point: West Corner, [REDACTED]

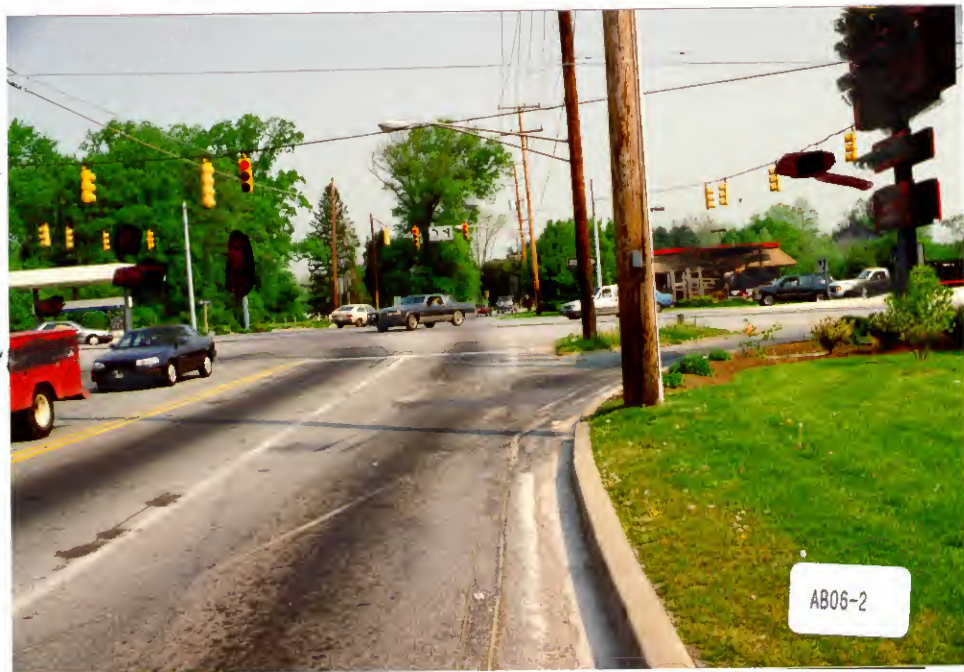
Reference Line: NW/SE Roadway - NE Curb Line, NE/SW Roadway - SW Curb Line

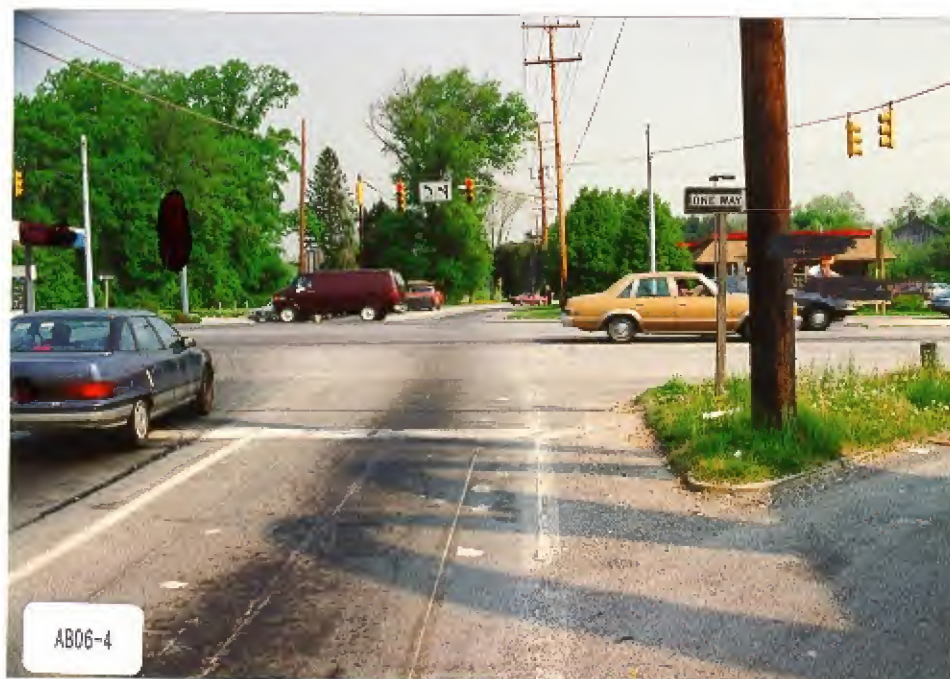
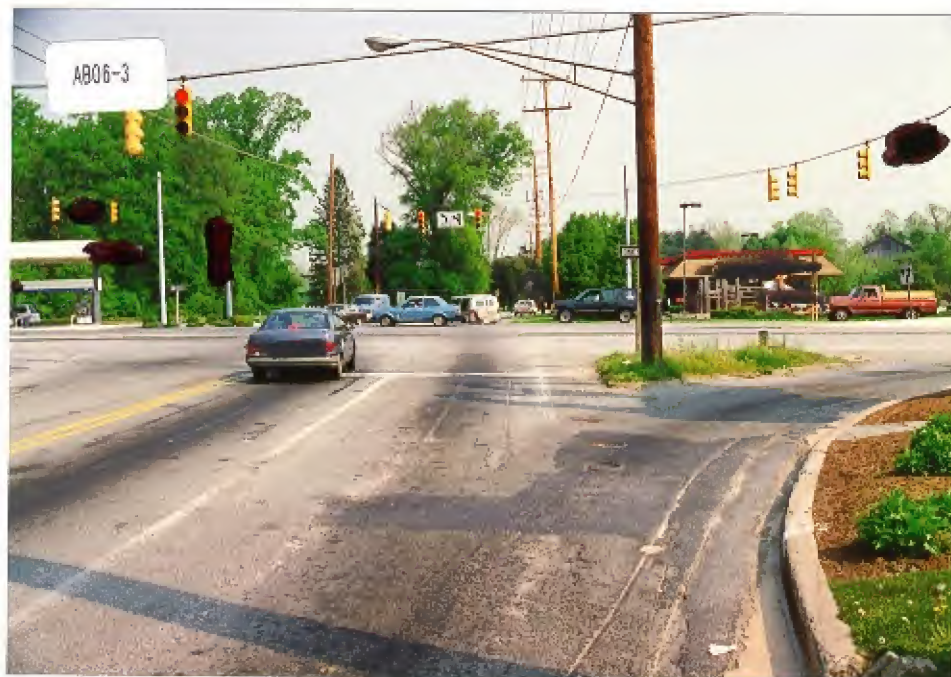
DATA POINT	LONGITUDINALS	LATERALS
NW/SE Roadway		
NE Roadway edge	15.2 m (50 ft) SE	0
Single white line	15.2 m (50 ft) SE	3.6 m (11.9 ft) SW
Double yellow center line	15.2 m (50 ft) SE	7.2 m (23.7 ft) SW
SW roadway edge	15.2 m (50 ft) SE	10.9 m (35.7 ft) SW
NE/SW Roadway		
NW Roadway edge	24.4 m (80 ft) SW	0
Single white line - shoulder	24.4 m (80 ft) SW	3.6 m (11.9 ft) SW
Broken white line	24.4 m (80 ft) SW	7.3 m (23.9 ft) SW
Single white line - SE edge of SW bound travel lane 3	24.4 m (80 ft) SW	10.9 m (35.9 ft) SW
SE edge median	24.4 m (80 ft) SW	12.4 m (40.8') SE
Single white line - left turn lane	24.4 m (80 ft) SW	16.2 m (53.2 ft) SE
Broken white line	24.4 m (80 ft) SW	20 m (65.6 ft) SE
Single white line - SE edge of NE bound travel lane 2	24.4 m (80 ft) SW	23.8 m (78 ft) SE
SE roadway edge	24.4 m (80 ft) SW	27.4 m (90 ft) SE

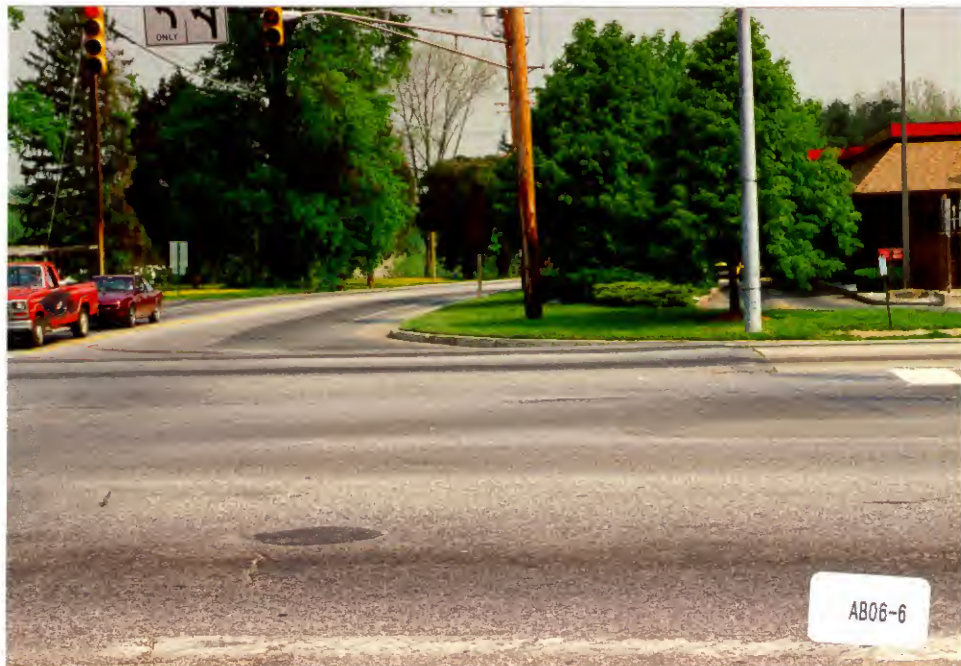
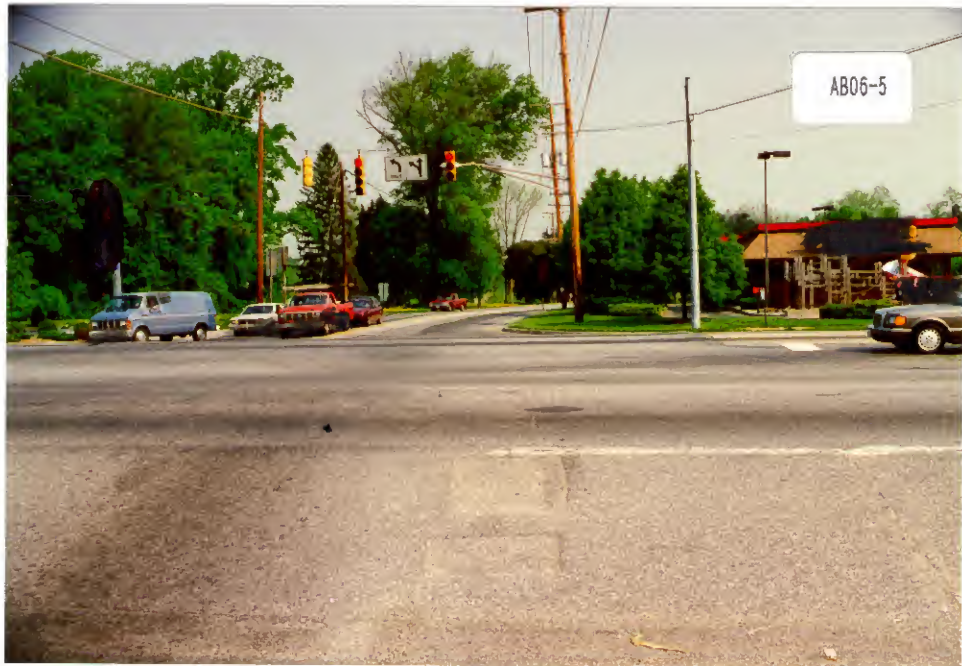
PHOTO INDEX

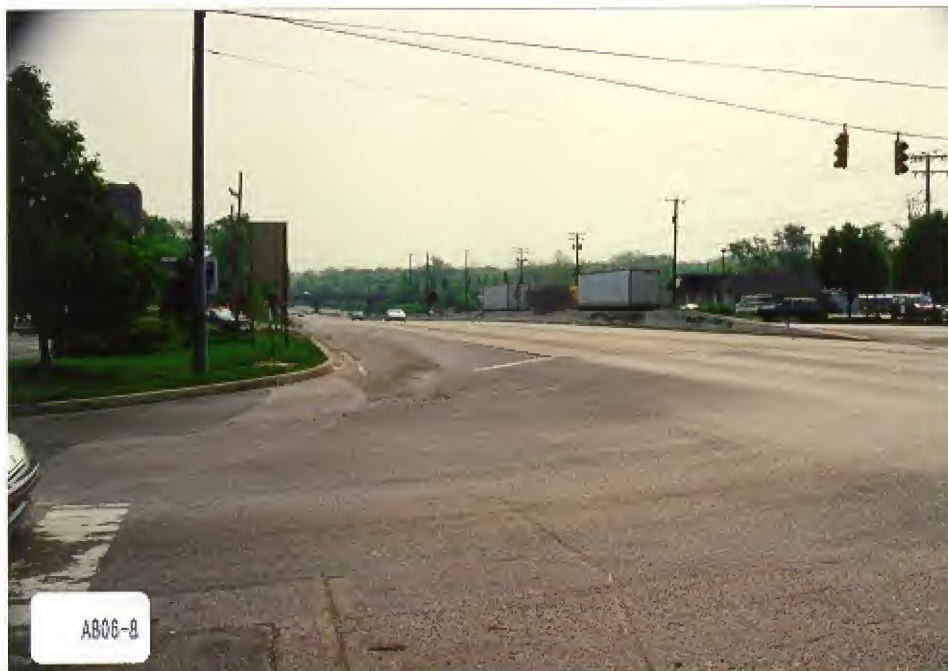
Case No. DSI-93-AB-006

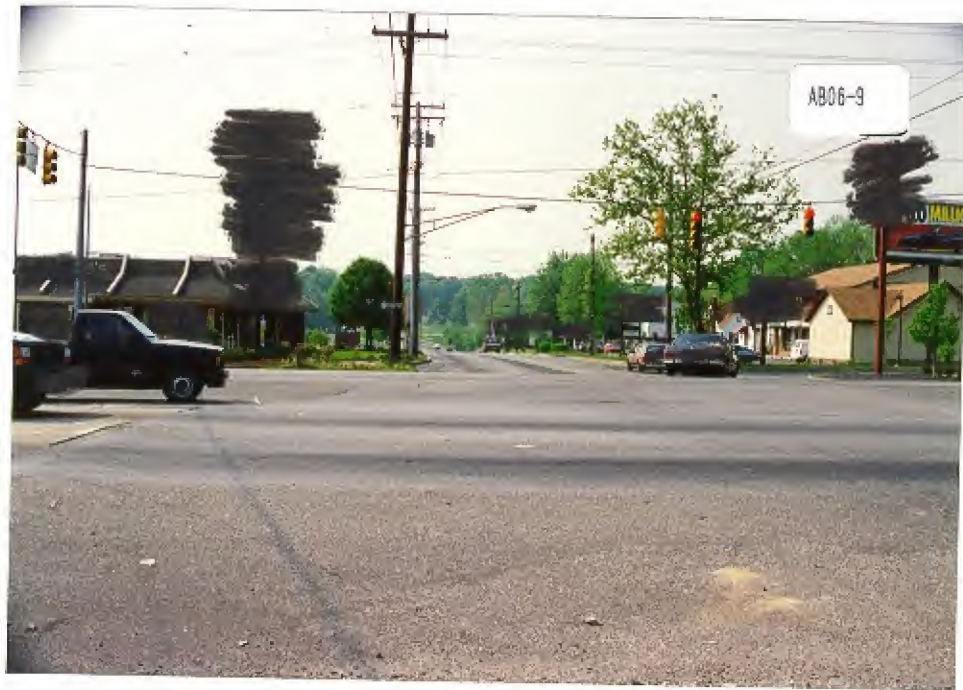
PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
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6	Vehicle 1	NW	Approximate POI, Vehicles 1 and 2
7	Vehicle 1	SE	Approximate Reverse travel path, POI to FRP, Vehicle 1
8	Vehicle 2	N	Approximate FRP, Vehicle 1
9	Vehicle 2	SE	Approximate Reverse travel path, Vehicle 1
10	Vehicle 2	NW	Approach path, Vehicle 2
11-14	Vehicle 2	SE	Approximate Travel path, Vehicle 2
15	Vehicle 1	E	Approximate POI, Vehicles 2 and 1
16-17	Vehicle 1	W	Approximate Travel path, POI to FRP, Vehicle 2
18	Vehicle 2	W	Approximate FRP, Vehicle 2
19	Vehicle 2	NW	Approximate Reverse travel path, Vehicle 2
20-32	Vehicle 1	CCW	Exterior views, Vehicle 1
33-54	Vehicle 1	---	Interior views, Vehicle 1
55-69	Vehicle 2	CCW	Exterior views, Vehicle 2
70-91	Vehicle 2	---	Interior views, Vehicle 2

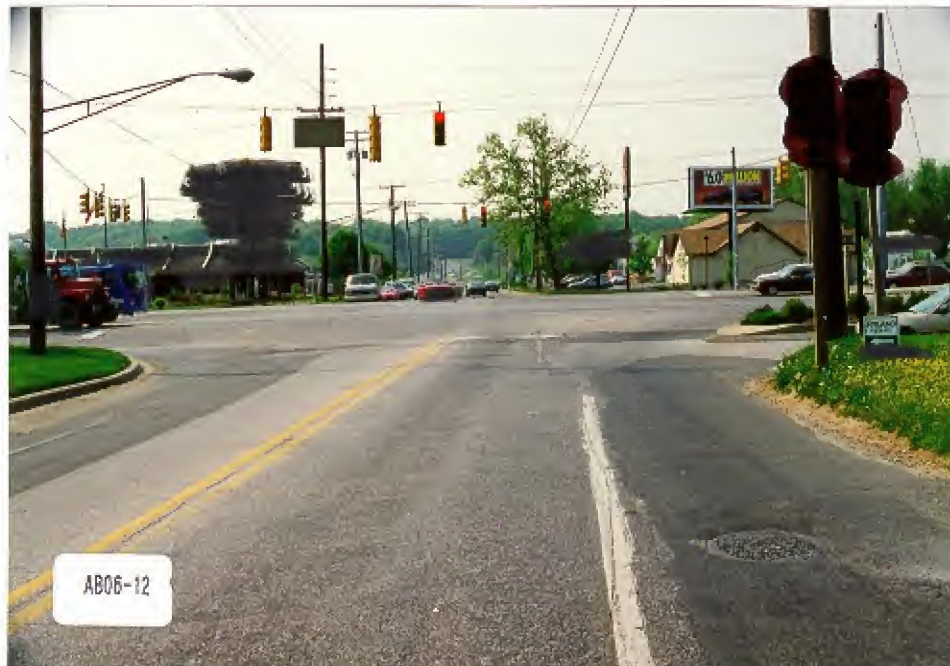


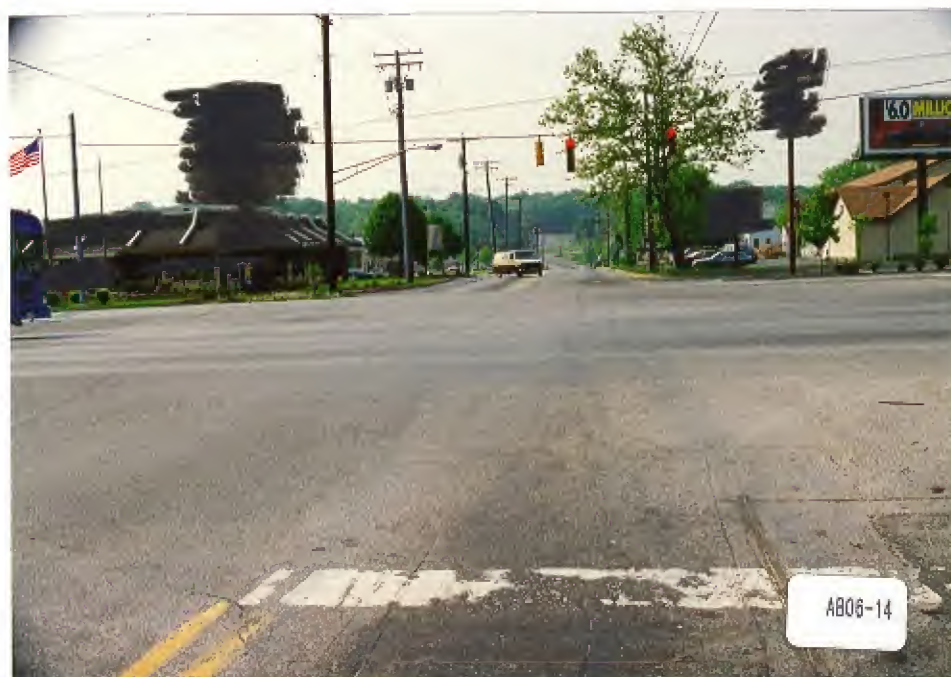
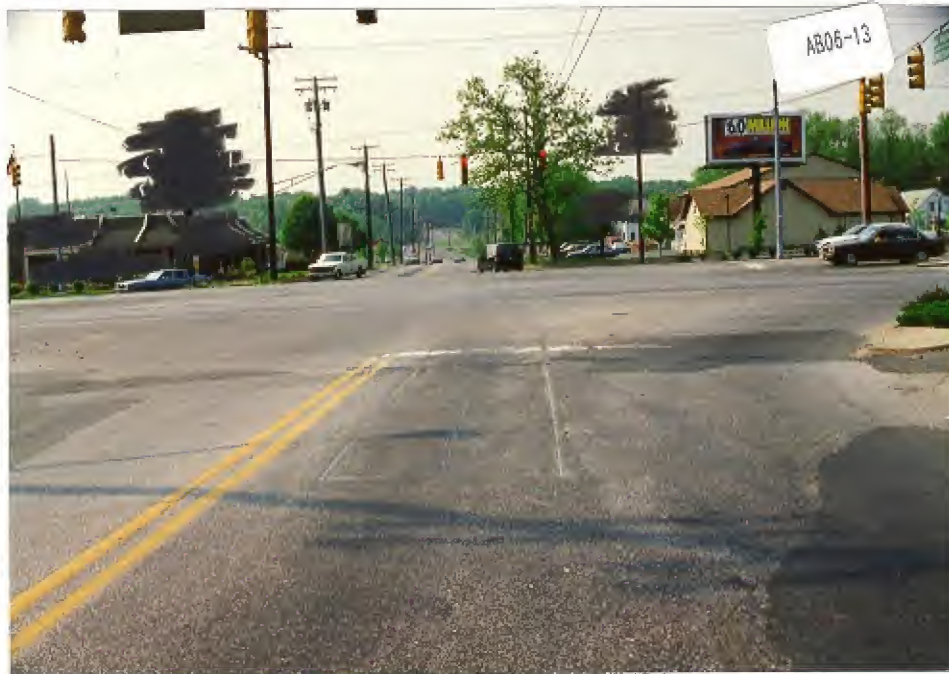


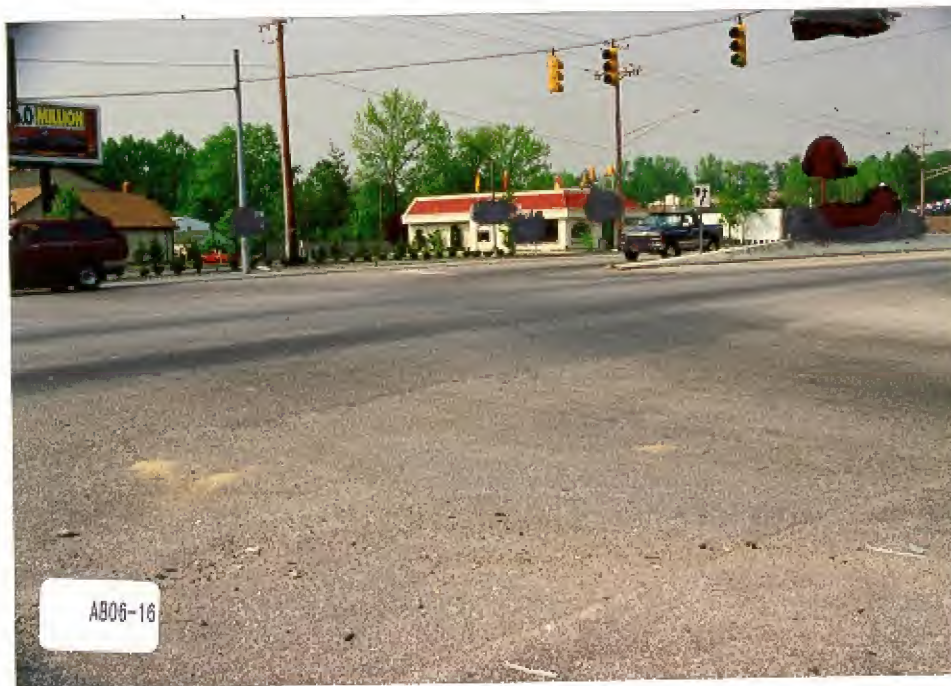


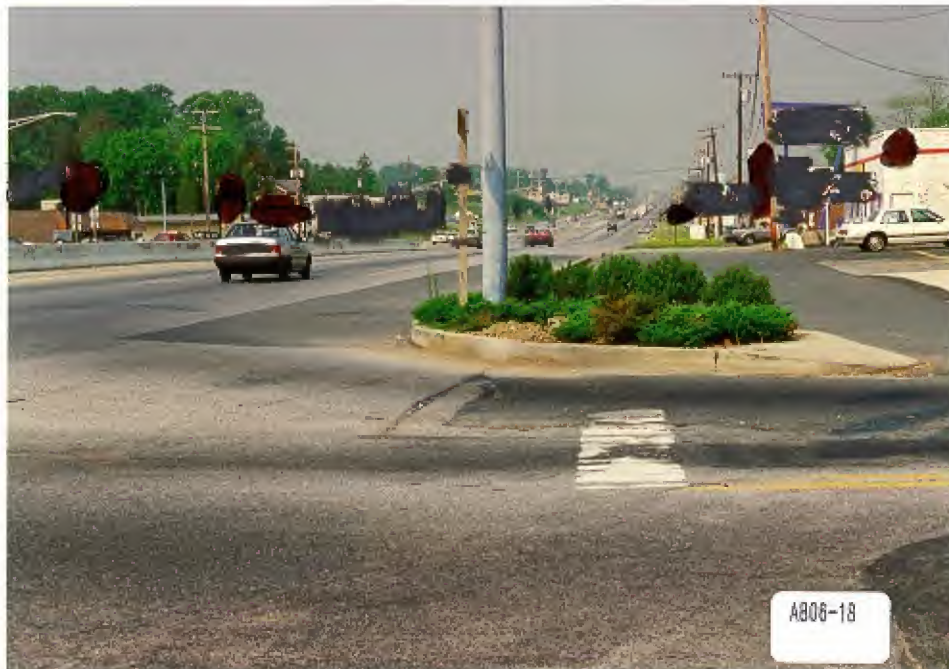
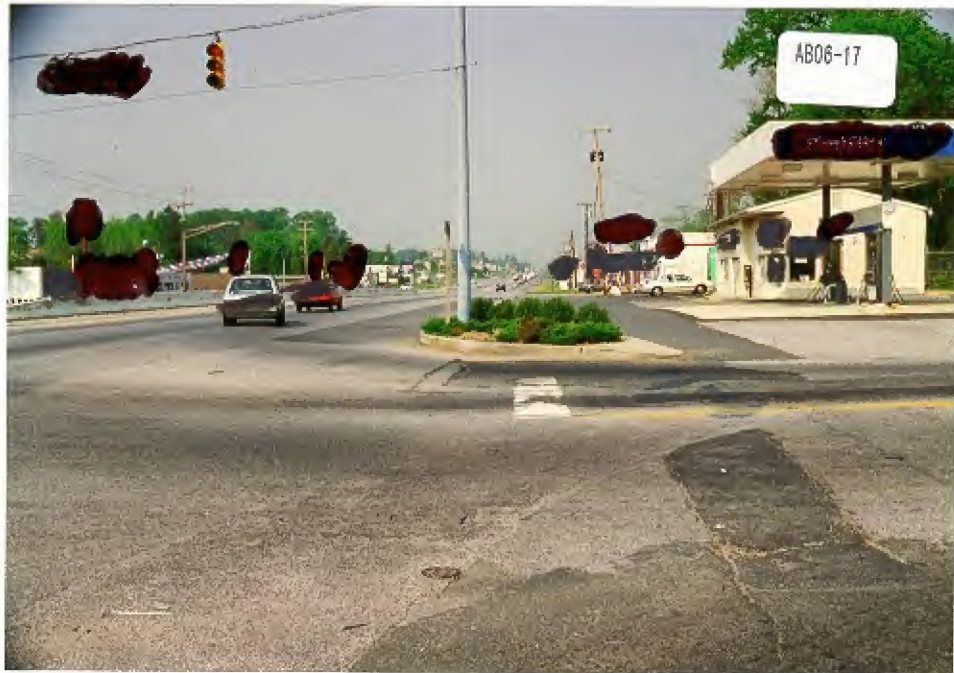


































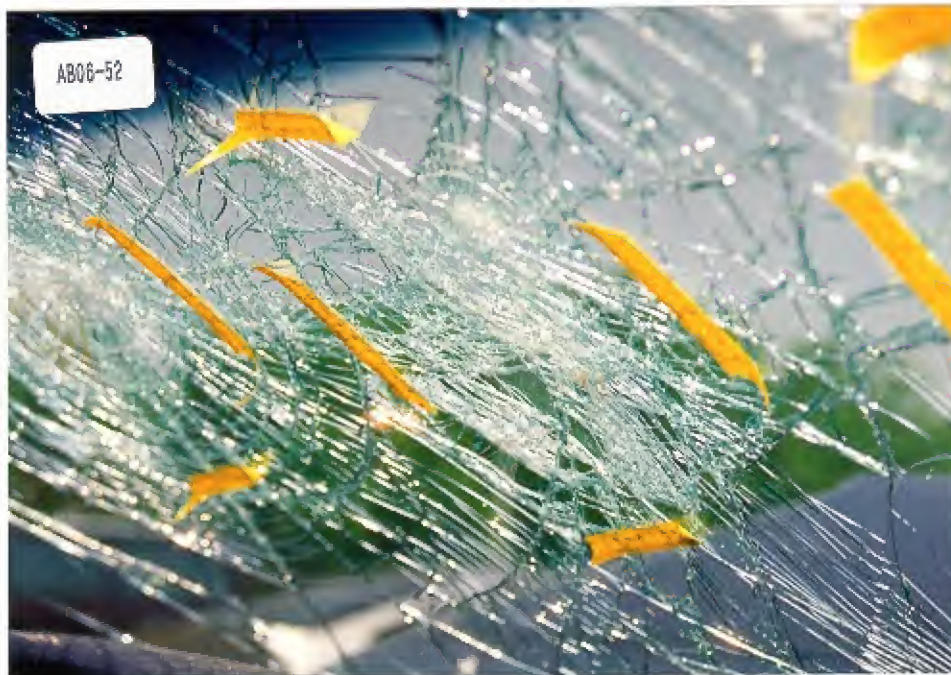


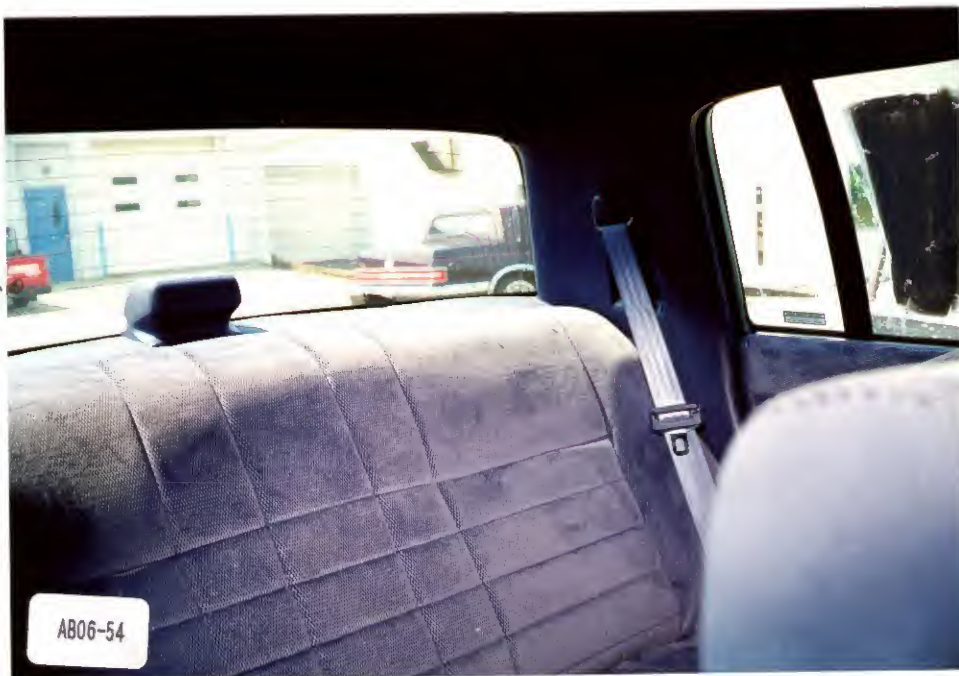
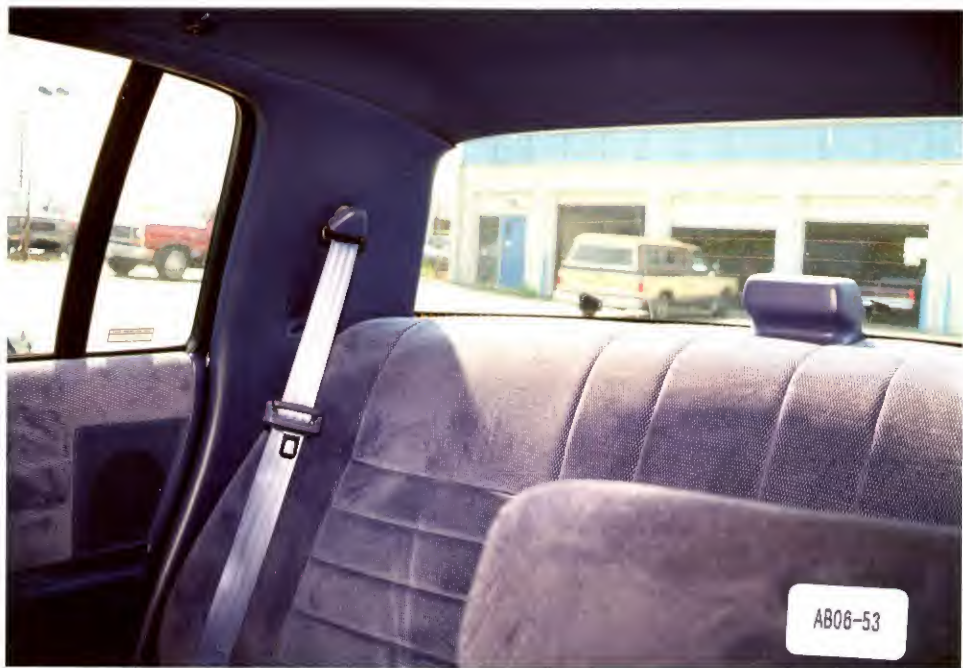


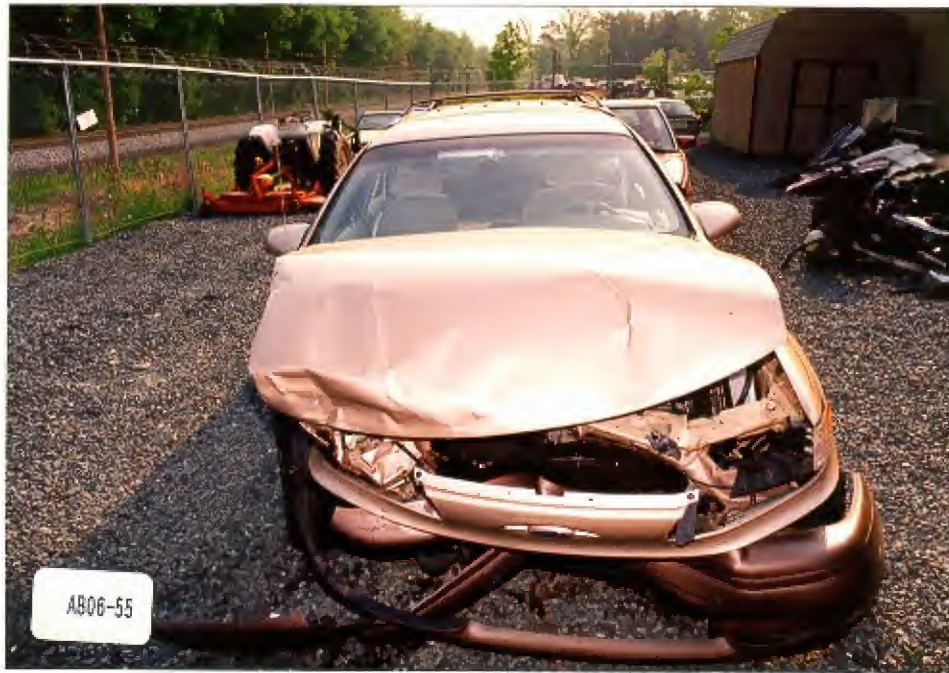


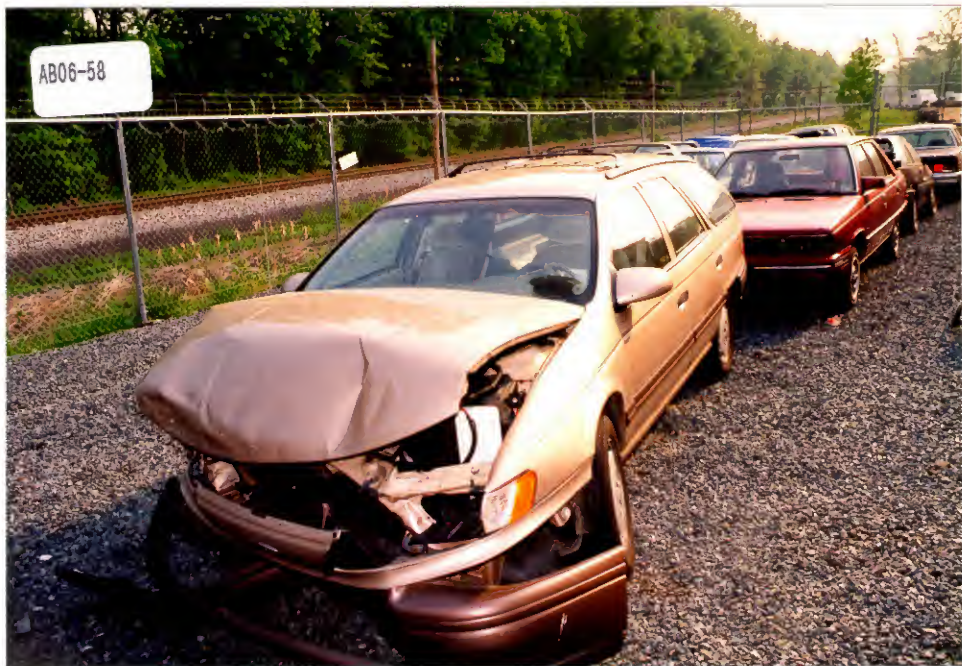


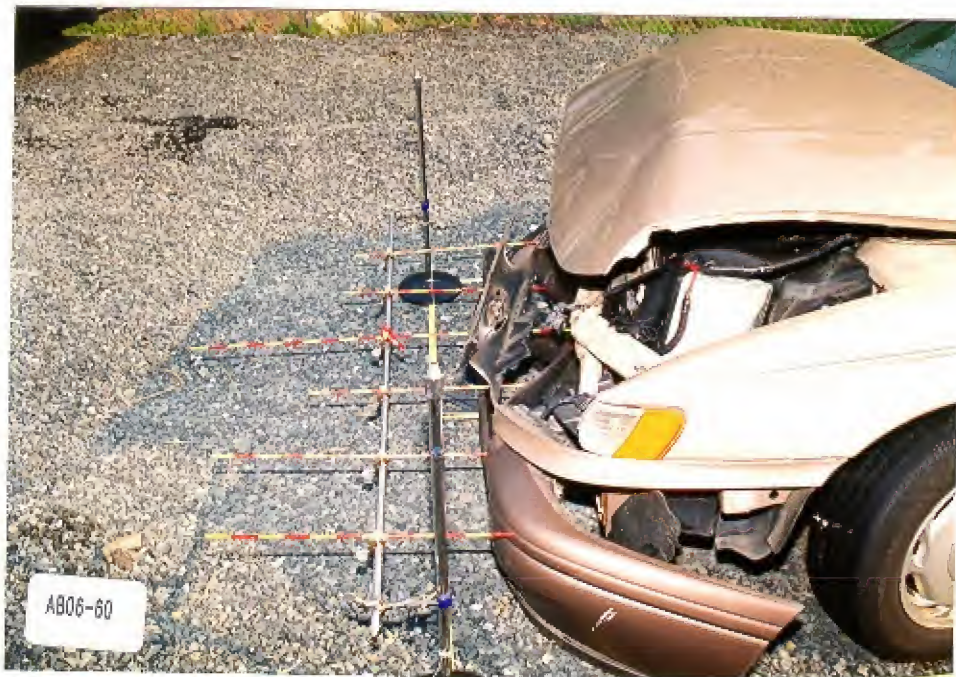


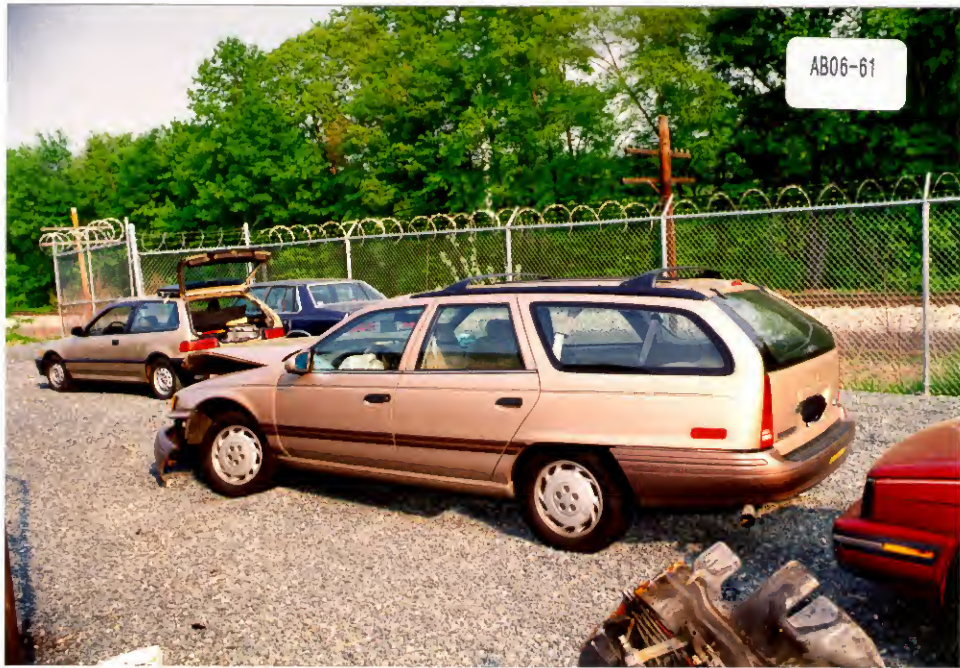




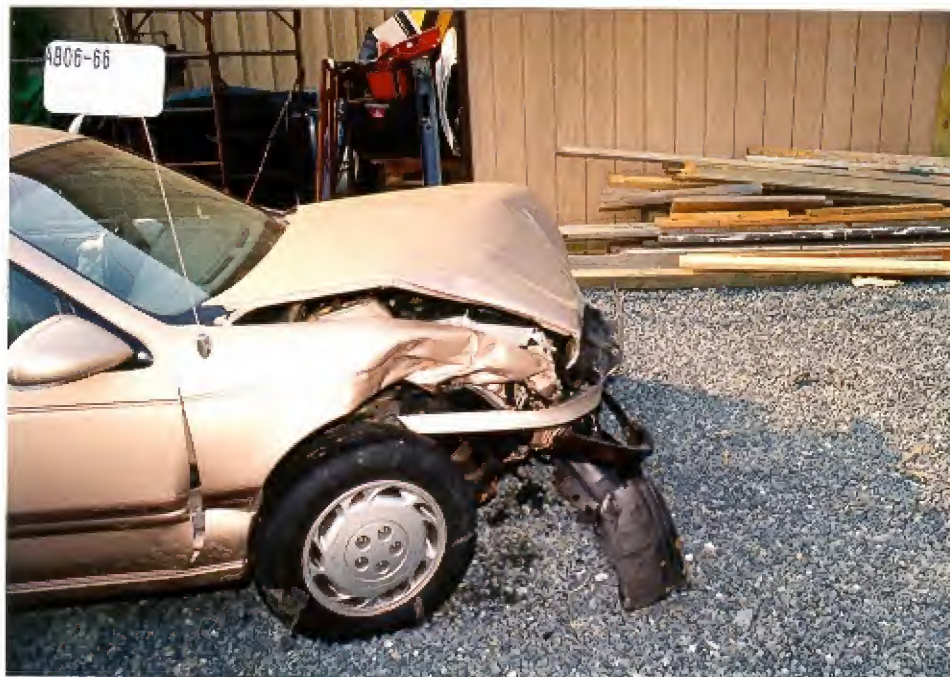


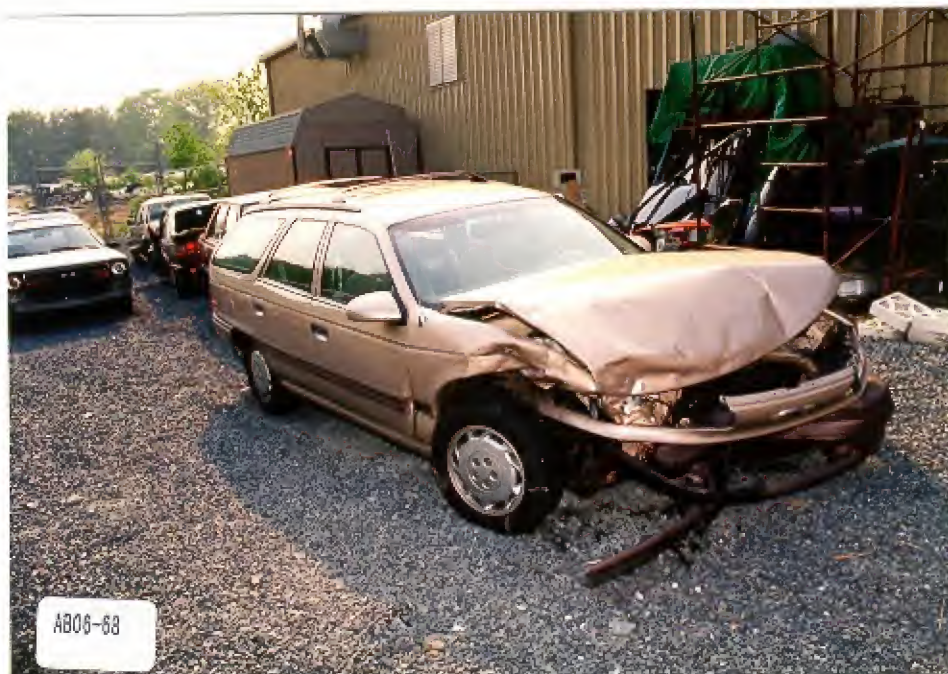


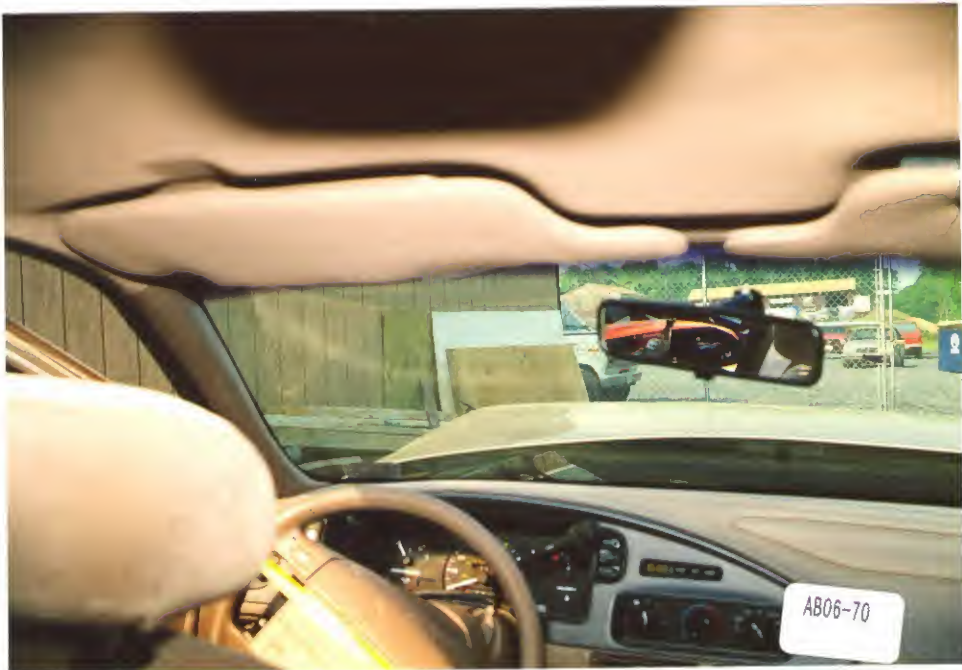
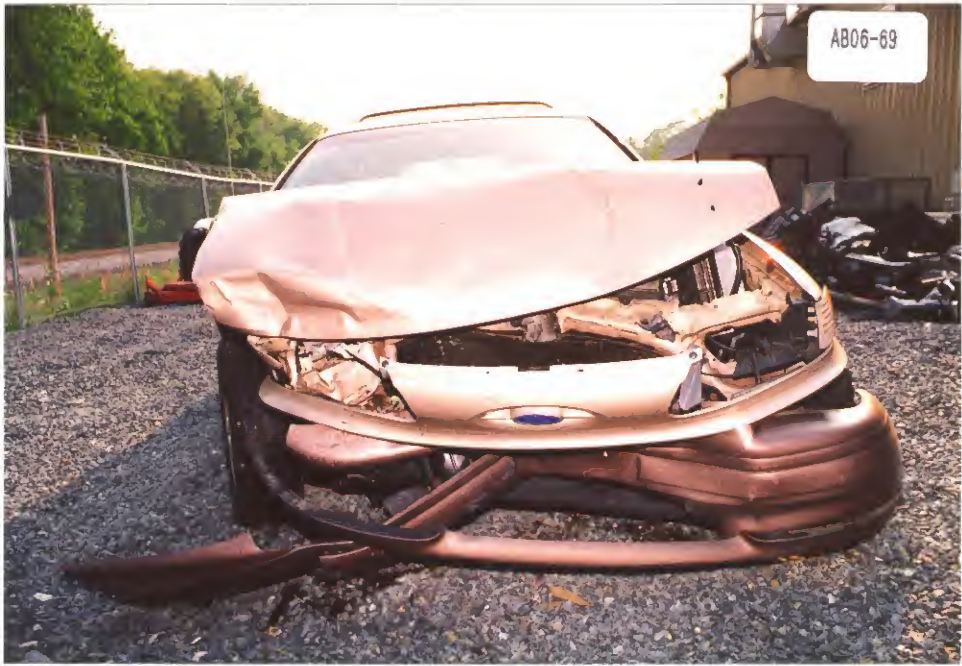










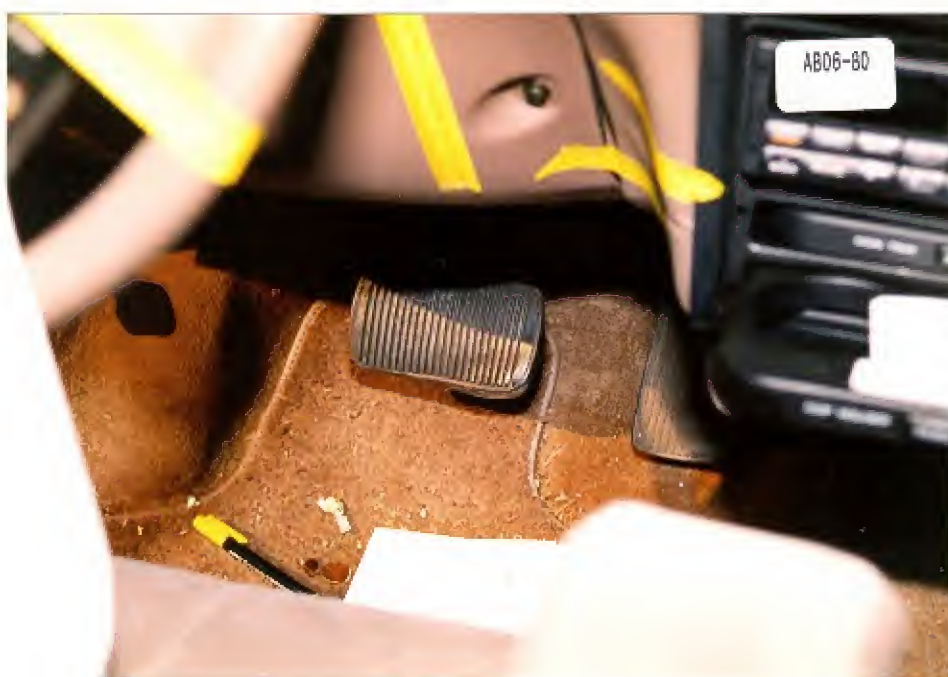


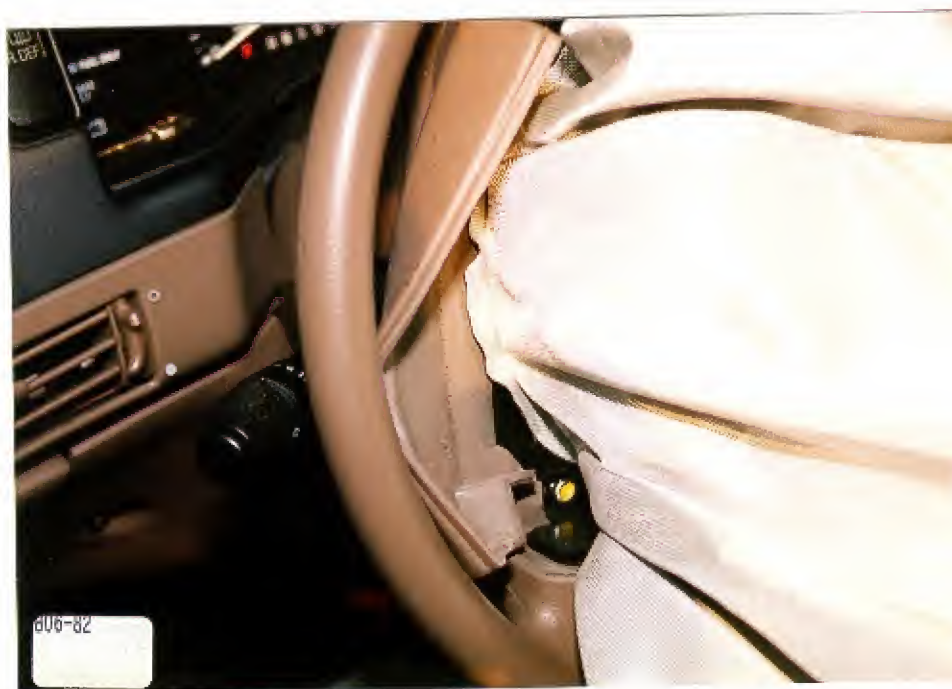






















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Case No. DSI-93-AB-006

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8	Vehicle 2	N	Approximate FRP, Vehicle 1
9	Vehicle 2	SE	Approximate Reverse travel path, Vehicle 1
10	Vehicle 2	NW	Approach path, Vehicle 2
11-14	Vehicle 2	SE	Approximate Travel path, Vehicle 2
15	Vehicle 1	E	Approximate POI, Vehicles 2 and 1
16-17	Vehicle 1	W	Approximate Travel path, POI to FRP, Vehicle 2
18	Vehicle 2	W	Approximate FRP, Vehicle 2
19	Vehicle 2	NW	Approximate Reverse travel path, Vehicle 2
20-32	Vehicle 1	CCW	Exterior views, Vehicle 1
33-53	Vehicle 1	---	Interior views, Vehicle 1
54-67	Vehicle 2	CCW	Exterior views, Vehicle 2
68-93	Vehicle 2	---	Interior views, Vehicle 2



DS9306 #1
Best Available



DS 9306 #2
Best Available



DS 9306 #3
Best Available



DS9306 #4
Best Available



DS9306 #5
Best Available



DS9306 #6
Best Available



DS9306 #7
Best Available



DS9306 #8
Best Available



DS9306 #9
Best Available



DS9306 #10
Best Available



DS9306 #11
Best Available



DS9306 #12
Best Available



DS 9306 #13
Best Available



DS 9306 #14
Best Available



DS 9306 #15
Best Available



DS 9306 #16
Best Available



DS9306 #17
Best Available



DS 9306 #18
Best Available



DS 9306 #19
Best Available



DS9306 #20



DS9306 #21
Best Available



DS 9306 #22
Best Available



DS9306 #23



DS 9306 #24
Best Available



DS9306 #25



DS9306 #26



DS9306 #27



DS9306 #28



DS9306 #29



DS 9306 #30
Best Available



DS9306 #31



DS9306 #32



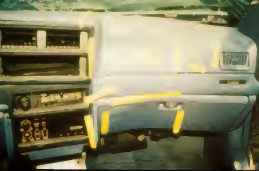
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DS 9306 #34
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DS9306 #35
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DS9306 #36
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DS9306 #37



DS 9306 #38



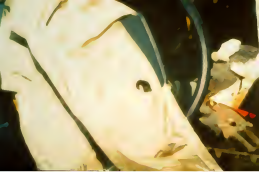
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DS9306 #41
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DS 9306 #42
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DS 9306 #43



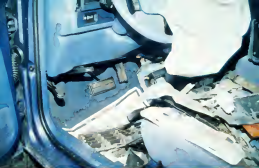
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DS 9306 #45



DS9306 #46



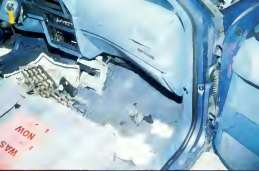
DS9306 #47



DS9306 #48



DS9306 #49



DS9306 #50



DS9306 #51



DS9306 #52



DS9306 #53



DS 9306 #54



DS9306 #55
Best Available



DS 9306 #56
Best Available



DS9306 #57



DS 9306 #58
Best Available



DS 9306 #50



D89306 #60



DS9306 #61



DS 9306 #62



DS 9306 #63



DS9306 #04
Best Available



D89306 #65



DS9306 #66



DS9306 #67



DS9306 #68



DS9306 #69



DS9308 #70



DS9306 #71



DS9306 #72



DS9306 #73



DS9306 #74
Best Available



DS8308 #75



DS9306 #76



DS9306 #77
Best Available



DS9306 #78
Best Available



DS9306 #79
Best Available



DS9306 #80



DS 9306 #81



DS9306 #82



DS9306 #63
Best Available



DS9306 #84



DS9306 #65



DS9306 #86



DS9306 #87



DS9306 #88



DS9306 #89



DS9306 #90



DS9306 #91



DS 9306 #92



DS9306

#93



U.S. Department of Transportation

National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-93-AB-006

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 024. Date of Accident
(Month, Day, Year) SPRING / WEEKDAY / 9 35. Time of Accident EVENING

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below)
that has been completed; code 1 for the checked
special studies and 0 for the special studies not
checked.6. 0 SS14 Fatal AOPS 07. 0 SS15 Administrative Use 08. 0 SS16 _____ 09. 0 SS17 _____ 010. 0 SS18 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other
involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>03</u>	18. <u>F</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in
diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-93-AB-006
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 93
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): 09
PLYMOUTH
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 019
ACCLAIM
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
7. Body Type 04
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
1P3XA46K2PF *-*-*-*
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
10. Police Reported Travel Speed 999
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown
____ mph X 1.6093 = ____ kph

11. Police Reported Alcohol Presence 0
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown
35 mph X 1.6093 = 056 kph
14. Attempted Avoidance Maneuver 04
(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify): _____
(99) Unknown
15. Accident Type 69
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify): _____
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Bret, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B160-B360, Sportman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D60, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 4
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 4

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,260
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2,784 lbs X .4536 = 1,263 kgs
 Source: [REDACTED]
20. Vehicle Cargo Weight 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____
 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

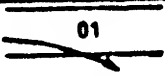




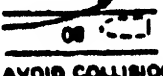



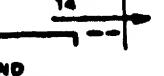
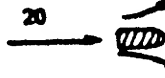
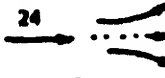
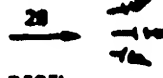



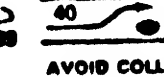
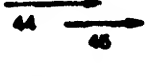


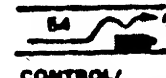





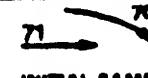

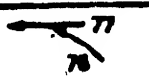


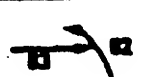
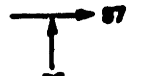


OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 325
28. Heading Angle For Other Vehicle 105

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	30 (EACH • 32) SPECIFICS OTHER	31 (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45 46 47	 46 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN	
	K Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 78 79 TURN INTO SAME DIRECTION	 80 81 TURN INTO OPPOSITE DIRECTIONS	 82	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 88	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

0 3 8
(23 mph)37.5 Nearest kph

(23.3 mph)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V+ 0 3 8
(-23 mph)-37.5 Nearest kph

(-23.3 mph)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

Secondary

Highest

32. Lateral Component of Delta V

+ 0 0 2
(+ 0.1 mph)1.9 Nearest kph

(1.2 mph)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

33. Energy Absorption

1 0 7 2 5 9
(79,100 joules)107,259 Nearest 100 joules

(79,100 joules)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

(0) No inspection

(1) Complete inspection

(2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

(0) No

(1) Yes - researcher determined

(2) VIN determined air bag system

(3) VIN determined automatic (passive) belts

(4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence φ

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>φ</u>	41. <u>φ</u>
Depressant Drug	42. <u>φ</u>	43. <u>φ</u>
Stimulant Drug	44. <u>φ</u>	45. <u>φ</u>
Hallucinogen Drug	46. <u>φ</u>	47. <u>φ</u>
Cannabinoid Drug	48. <u>φ</u>	49. <u>φ</u>
Phencyclidine (PCP)	50. <u>φ</u>	51. <u>φ</u>
Inhalant Drug	52. <u>φ</u>	53. <u>φ</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>φ</u>	55. <u>φ</u>

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver φ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

39. Other Drug Specimen Test Type For Driver φ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin 1

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip) φ

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type φ

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation φ

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted φ 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied φ

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll φ

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) φ 1

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PRECRAASH DATA (Continued)**65. Critical Precrash Event** 6 2*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver 2

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u> φ 1 </u>
2. Case Number - Stratum <u> DSI-93-AB-φφ6 </u>	

VEHICLE IDENTIFICATION

VIN 1 P 3 X A 4 6 K 2 P F * * * * * Model Year 9 3
 Vehicle Make (specify): PLYMOUTH Vehicle Model (specify): ACCLAIM 4-DOOR

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
φ 1	^{BEGINS} LEFT FRONT BUMPER CORNER	FULL FRONTAL

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	± D
		Width (CDC)	Max Crush								
φ 1	FRONT BUMPER	76	78	117	63	78	51	36	26	23	-38
	-FREE SPACE		1		3	1	φ	φ	1	3	
	RESULTANT		77		6φ	77	51	36	25	2φ	
			@C ₂								
φ 1	FRONT BUMPER	3φ.φ _{in}	3φ.8 _{in}	46.φ _{in}	24.9 _{in}	3φ.8 _{in}	2φ.2 _{in}	14.2 _{in}	1φ.1 _{in}	9.1 _{in}	-15.φ _{in}
	-FREE SPACE		.5 _{in}		1.φ _{in}	.5 _{in}	φ	φ	.5 _{in}	1.φ _{in}	
	RESULTANT		3φ.3 _{in}		23.9 _{in}	3φ.3 _{in}	2φ.2 _{in}	14.2 _{in}	9.6 _{in}	8.1 _{in}	
			@C ₂								

ORIGINAL SPECIFICATIONS WORK SHEET

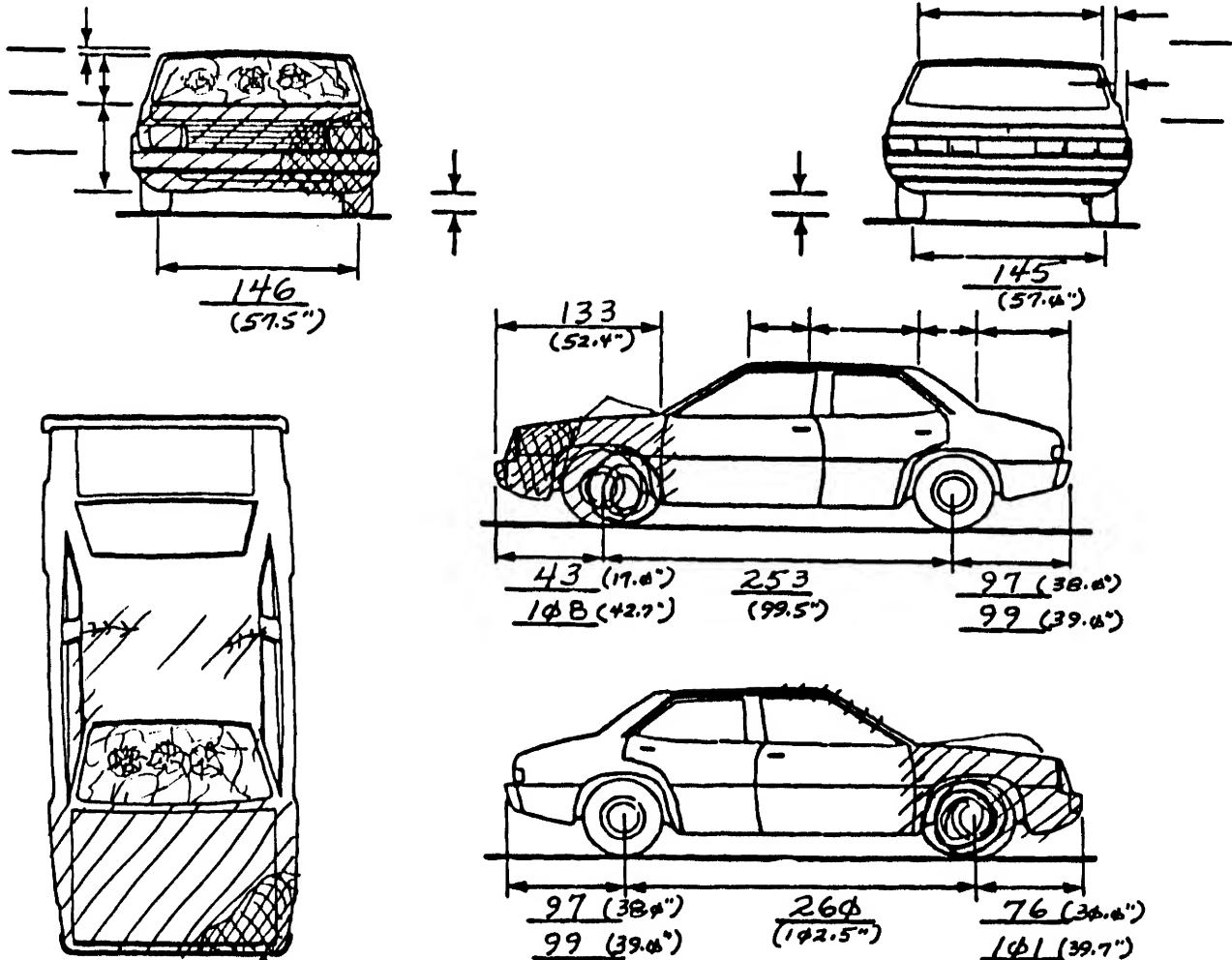
Wheelbase	<u>1</u> <u>0</u> <u>3.5</u> inches x 2.54 =	<u>2</u> <u>6</u> <u>3</u> cm
Overall Length	<u>1</u> <u>8</u> <u>1.2</u> inches x 2.54 =	<u>4</u> <u>6</u> <u>0</u> cm
Maximum Width	<u>0</u> <u>6</u> <u>7.3</u> inches x 2.54 =	<u>1</u> <u>7</u> <u>1</u> cm
Curb Weight	<u>0</u> <u>2,7</u> <u>8</u> <u>4</u> pounds x .4536 =	<u>1,2</u> <u>6</u> <u>3</u> kg
Average Track	<u>0</u> <u>5</u> <u>7.4</u> inches x 2.54 =	<u>1</u> <u>4</u> <u>6</u> cm
Front Overhang	<u>0</u> <u>3</u> <u>8.6</u> inches x 2.54 =	<u>0</u> <u>9</u> <u>8</u> cm
Rear Overhang	<u>0</u> <u>3</u> <u>9.1</u> inches x 2.54 =	<u>0</u> <u>9</u> <u>9</u> cm
Undeformed End Width	<u>0</u> <u>6</u> <u>0.0</u> inches x 2.54 =	<u>1</u> <u>5</u> <u>2</u> cm
Engine Size: cyl./displ.	<u>2</u> <u>5</u> <u>0</u> <u>0</u> cc x .001 =	<u>2.5</u> L
	<u>1</u> <u>5</u> <u>2</u> CID x .0164 =	<u>2.5</u> L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF <u>2</u> LF <u>1</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>263</u> cm Overall Length <u>460</u> cm Maximum Width <u>171</u> cm Curb Weight <u>1263</u> kg Average Track <u>146</u> cm Front Overhang <u>98</u> cm Rear Overhang <u>99</u> cm Undeformed End Width <u>152</u> cm Engine Size: cyl./displ. <u>I4/2.5</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u>—</u> ° LF \pm <u>0</u> ° RR \pm <u>—</u> ° LR \pm <u>—</u> ° Within \pm 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u>0</u> kg		

GAUGE STANDS AOL

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Φ 1</u>	5. <u>Φ 2</u>	6. <u>1 2</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>Φ 3</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>1 5 2</u> (60")	<u>Φ 6 Φ</u> (24")	<u>Φ 7 7</u> (30")	<u>Φ 5 1</u> (20")	<u>Φ 3 6</u> (14")	<u>Φ 2 5</u> (10")	<u>Φ 2 Φ</u> (8")	<u>⊕ Φ 3 0</u> (-15")

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	<u>⊕</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

Φ

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase 2 6 3
Code to the nearest centimeter
(999) Unknown

1 Φ 3 . 5 inches X 2.54 = 2 6 3 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? φ

(0) No post manufacturer modifications

(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence φ

(0) No fire

Yes, fire occurred

(1) Minor

(2) Major

(9) Unknown

31. Origin of Fire φ

(0) No fire

(1) Vehicle exterior (front, side, back, top)

(2) Exhaust system

(3) Fuel tank (and other fuel retention
system parts)

(4) Engine compartment

(5) Cargo/trunk compartment

(6) Instrument panel

(7) Passenger compartment area

(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank 1

(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-93-AB-0063. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify): _____

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 0 6. RF 0 7. LR 0 8. RR 0 9. TG/H 0

- (0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify): _____

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 \neq 2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify): _____

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 0 22. Other 0

- (0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from
impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by
occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
(1) AS-1 - Laminated
(2) AS-2 - Tempered
(3) AS-3 - Tempered-tinted
(4) AS-14 - Glass/Plastic
(8) Other (specify): _____

(9) Unknown

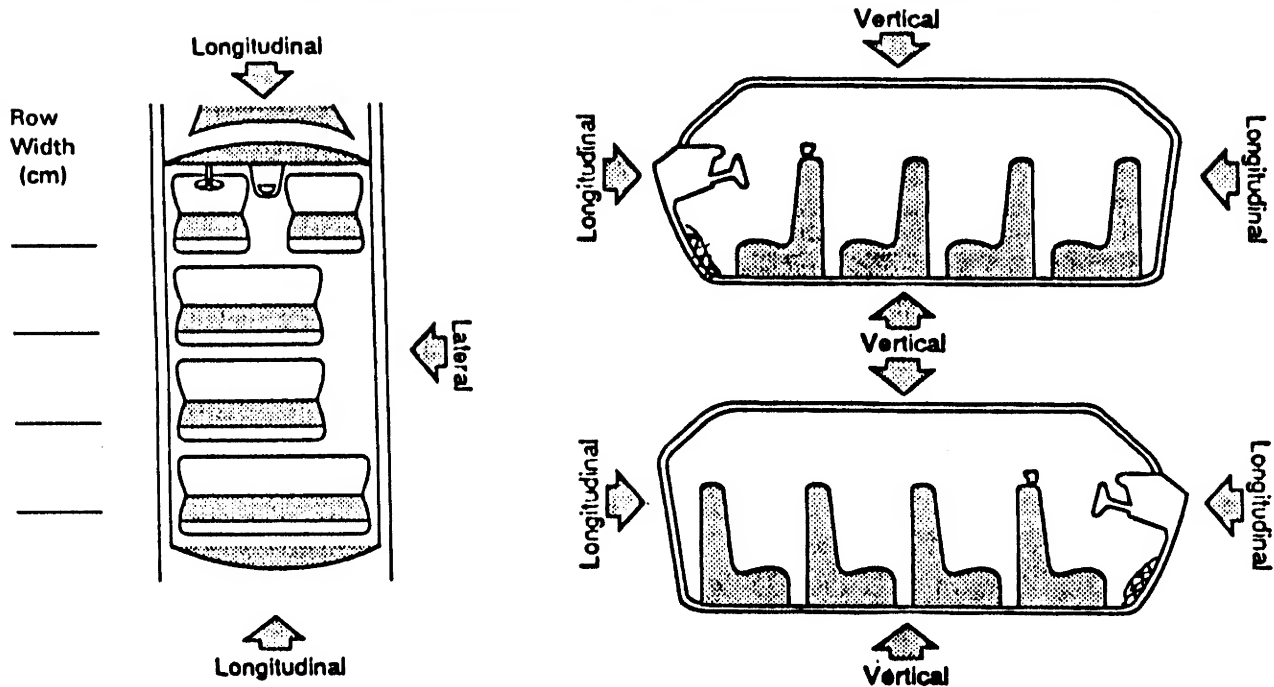
Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are in Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
11	TOE PAN	114.3 (45.4")	102.9 (40.5")	11.4 (4.5")	Long.
13	TOE PAN	114.3 (45.4")	106.7 (42.0")	7.6 (3.0")	Long.
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1 1</u>	48. <u>4 5</u>	49. <u>2</u>	50. <u>2</u>
2nd	51. <u>1 3</u>	52. <u>4 5</u>	53. <u>1</u>	54. <u>2</u>
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

Third Seat
 (31) Left
 (32) Middle
 (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):
 (9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

92. Steering Rim/Spoke Deformation φ φ

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke

Deformation

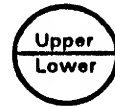
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading φ 3 9,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

φ 24 33 φ miles X 1.6093 = φ 39 154 kilometers

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

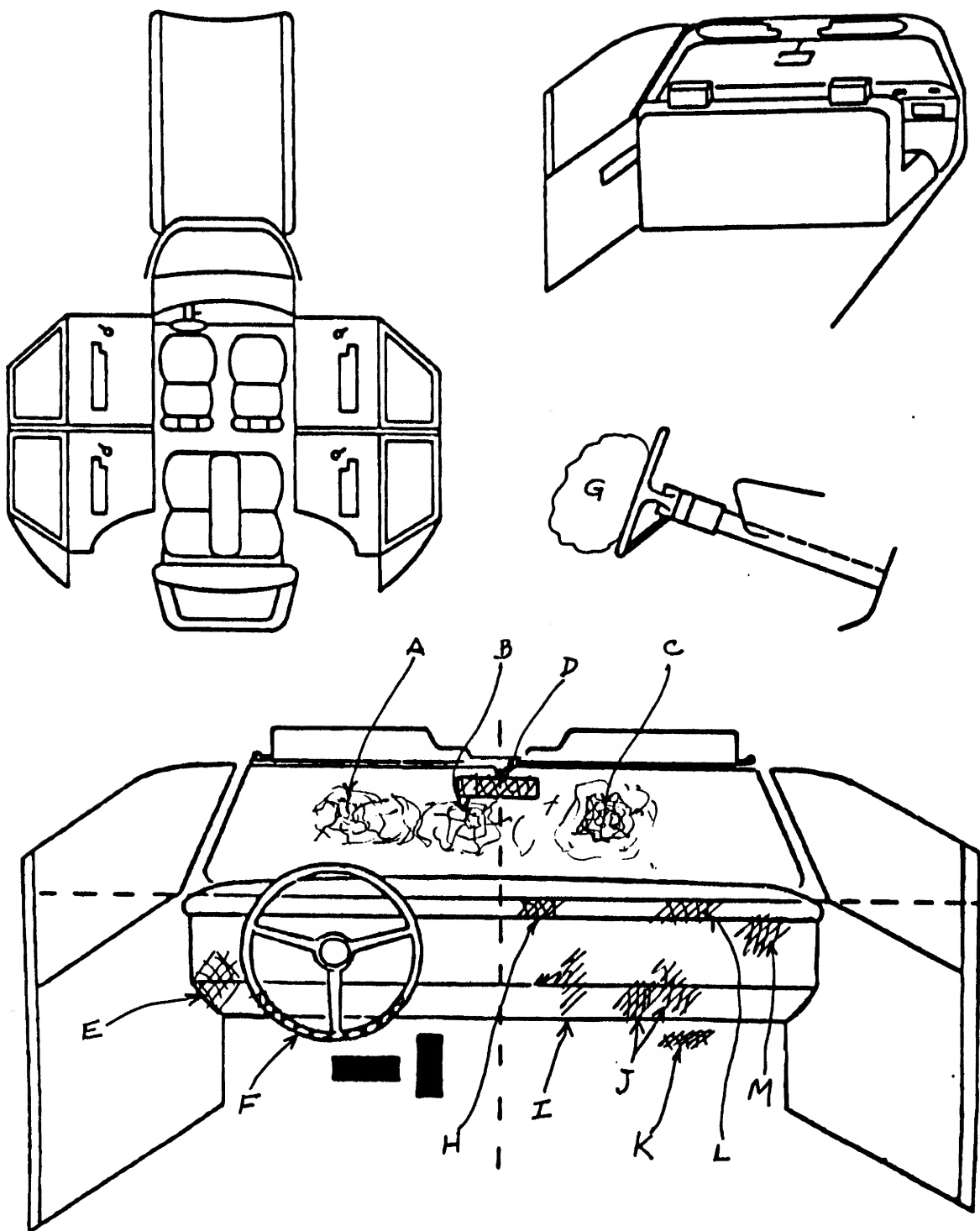
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? φ

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	Ø 1	Ø 1	R. HAND	SPIDER WEB	1
B	Ø 1	Ø 2	HEAD	SPIDER WEB/HAIR/SKIN/OIL	1
C	Ø 1	Ø 2	R. HAND	SPIDER WEB/BOOY OIL	1
D	Ø 2	Ø 2	HEAD	OUT OF POSITION/HAIR/BLOOD	1
E	Ø 9	Ø 1	L. KNEE	DEFORMED/ABRADED	1
F	Ø 4	Ø 1	UPPER R. LEG	ABRADED	1
G	45	Ø 1	TORSO	BAG DEPLOYED	1
H	1Ø	Ø 2	HEAD	ABRADED/BLOOD/GORE	1
I	1Ø	Ø 2	L. LEG	ABRADED/BLOOD/GORE	1
J	12	Ø 2	TORSO	ABRADED/BLOOD/GORE	1
K	11	Ø 2	R & L FEET	DEFORMED/BROKEN	1
L	11	Ø 2	TORSO	ABRADED/BLOOD	1
M	11	Ø 2	R. HAND	ABRADED/BLOOD	1
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	/	ϕ
	Deployment	/	ϕ
	Failure	/	ϕ

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	ϕ	ϕ
	Use	ϕ	ϕ
	Type	ϕ	ϕ
	Proper Use	ϕ	ϕ
	Failure Modes	ϕ	ϕ

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of automatic belt system (specify): _____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	φ	4
	Use	φ φ	φ φ	φ φ
	Failure Modes	φ	φ	φ
S E C O N D	Availability	4	3	4
	Use	φ 4	φ φ	φ 4
	Failure Modes	1	φ	1
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	φ	3
	Seat Type	φ 1	φ φ	φ 1
	Seat Performance	1	φ	5
	Seat Orientation	1	φ	1
S E C O N D	Head Restraint Type/Damage	φ	φ	φ
	Seat Type	φ 3	φ 3	φ 3
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown _____

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown _____

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown _____

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-93-AB-006
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 45
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older _____
(99) Unknown _____
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 178
Code actual height to the nearest centimeter.
(999) Unknown
70 inches X 2.54 = 178 centimeters
8. Occupant's Weight 082
Code actual weight to the nearest kilogram.
(999) Unknown
180 pounds X .4536 = 82 kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT12. Ejection cb

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area cb

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium cb

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) cb

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment cb

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) Ø 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model ϕ ϕ ϕ

(000) No child safety seat
Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat ϕ

(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ϕ ϕ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ϕ ϕ 32. Child Safety Seat Shield Usage ϕ ϕ 33. Child Safety Seat Tether Usage ϕ ϕ

Note: Options below applicable to
Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 6

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

38. Working Days Lost 6 1

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant φ 3

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score φ 2
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ φ 1

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>DSI-93-AB-006</u>	4. Occupant Number <u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

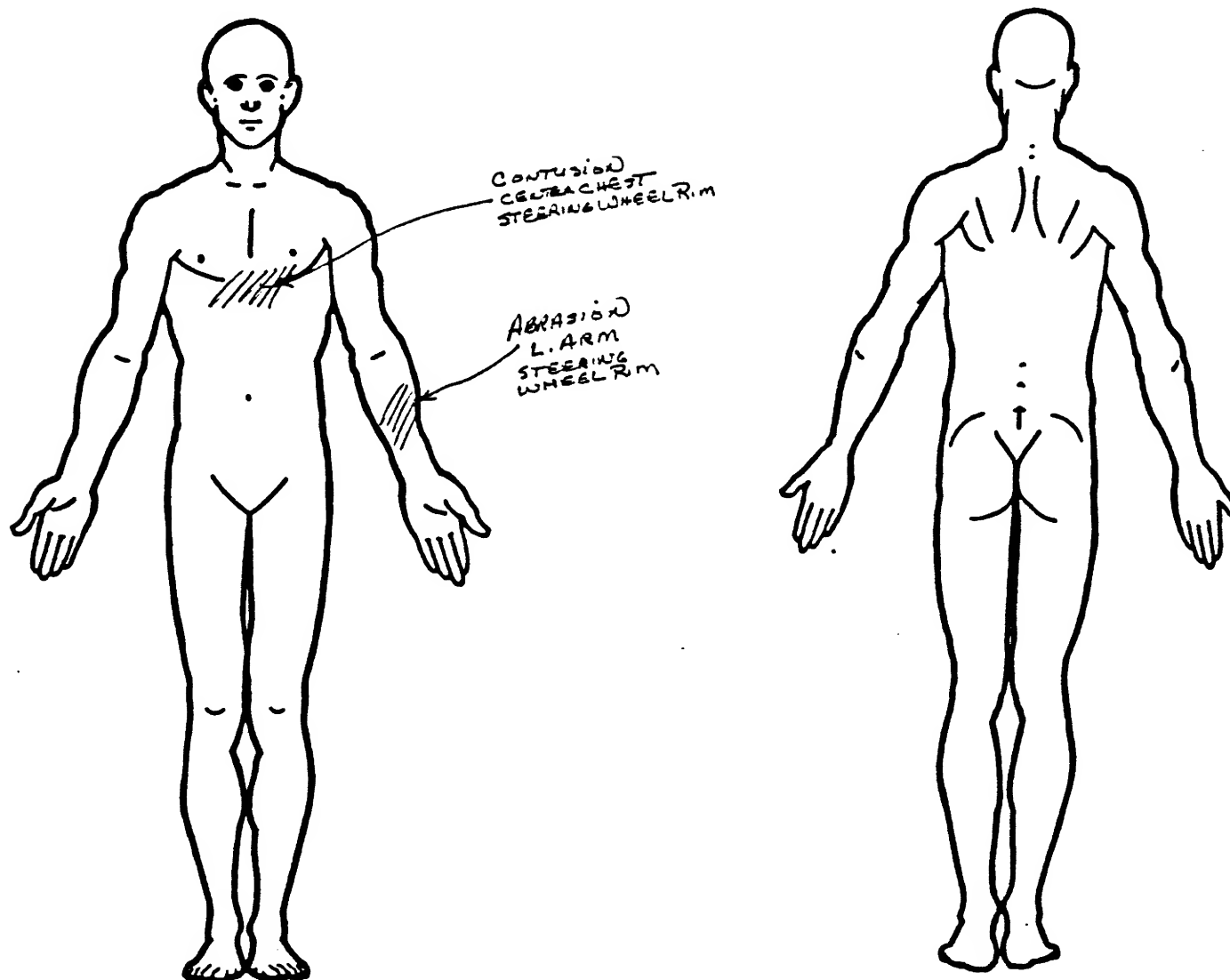
	Source of Injury Date	O.I.C.-A.I.S.						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>7</u>	6. <u>8</u>	7. <u>5</u>	8. <u>24</u>	9. <u>00</u>	10. <u>2</u>	11. <u>1</u>	12. <u>09</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>822.0</u>
2nd	16. <u>7</u>	17. <u>7</u>	18. <u>2</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>04</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>913.0</u>
3rd	27. <u>7</u>	28. <u>4</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>4</u>	34. <u>04</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>	<u>922.1</u>
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____	_____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	_____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	_____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	_____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	_____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	_____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	_____

OCCUPANT INJURY DATA

[illegible]

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tire (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = ϕ

Glasgow Coma
Scale Score

GCSS = 99

Units of Blood
Given

Units = ϕ

Arterial Blood
Gases

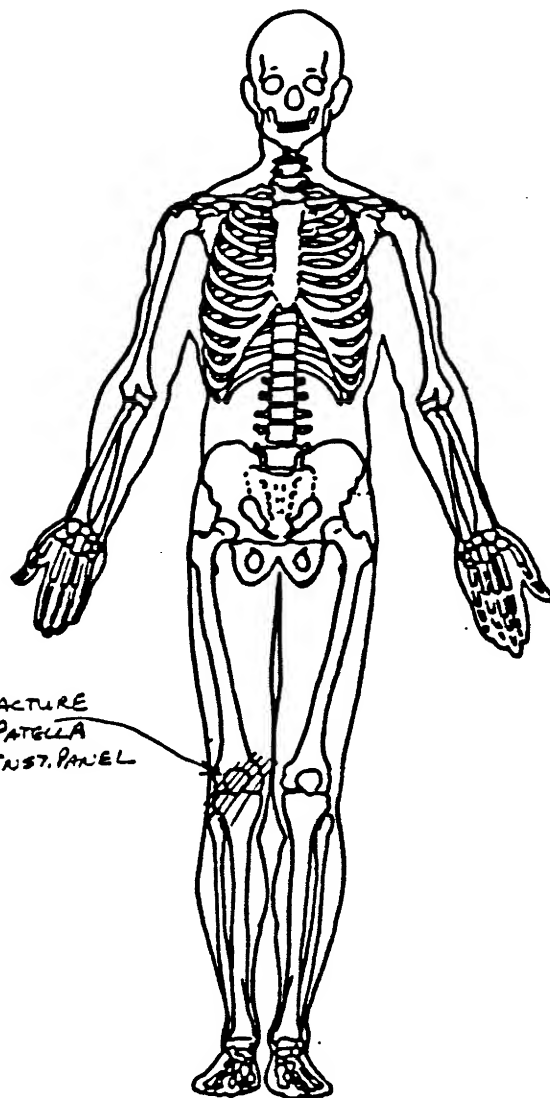
pH = ϕ

PO₂ = ϕ

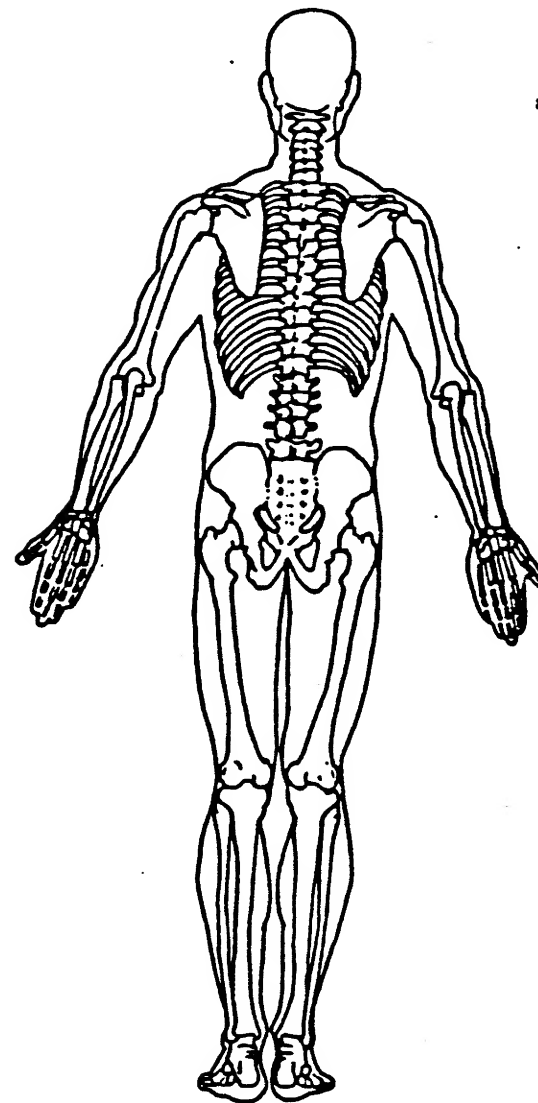
PCO₂ = ϕ

HCO₃ = ϕ

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

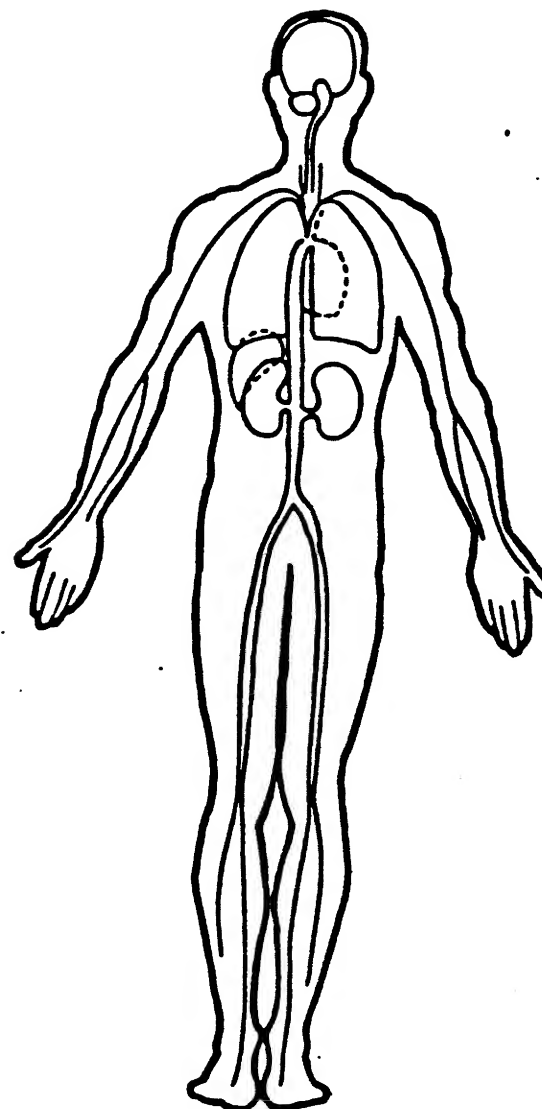
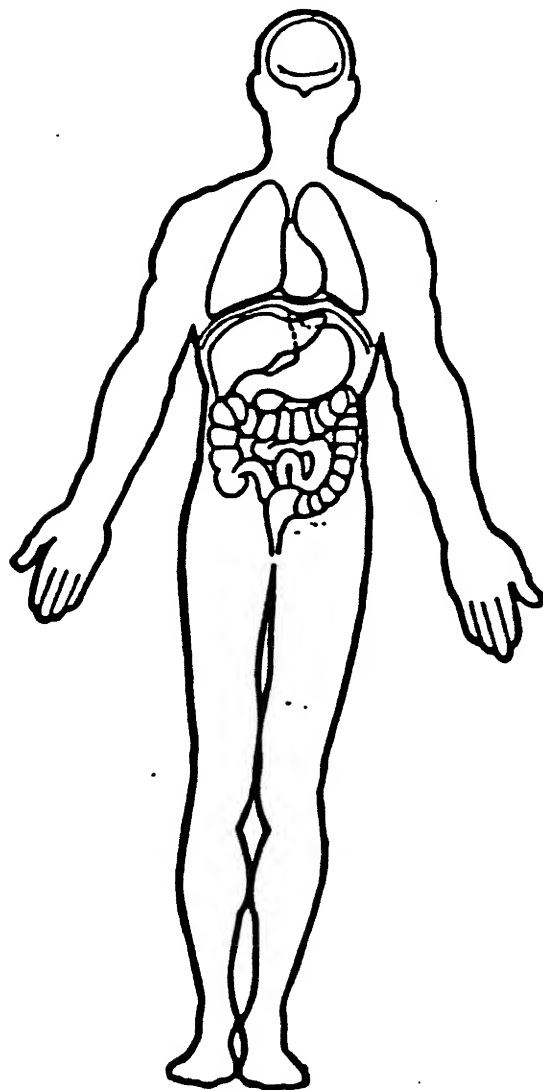


FRACTURE
R. PATELLA
L. INST. PANEL



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number	
2. Case Number - Stratum	DSI-93-AB-006
3. Vehicle Number	01
4. Occupant Number	02
OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age	30
Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	
6. Occupant's Sex	2
(1) Male (2) Female (9) Unknown	
7. Occupant's Height	160
Code actual height to the nearest centimeter. (999) Unknown 63 inches X 2.54 = 160 centimeters	
8. Occupant's Weight	102
Code actual weight to the nearest kilogram. (999) Unknown 225 pounds X .4536 = 102 kilograms	
9. Occupant's Role	2
(1) Driver (2) Passenger (9) Unknown	
10. Occupant's Seat Position	13
<i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant <i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant <i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant <i>Fourth Seat</i> (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown	
11. Occupant's Posture	0
(0) Normal posture <i>Abnormal posture</i> (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown	

EJECTION/ENTRAPMENT**12. Ejection**φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Areaφ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Mediumφ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapmentφ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION**25. Head Restraint Type/Damage by Occupant at This Occupant Position**3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)φ 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)5

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ϕ ϕ ϕ
(000) No child safety seat
Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):

(998) _____
(999) Unknown if child safety seat used

29. Type of Child Safety Seat ϕ
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

(8) _____
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ϕ ϕ
(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) _____
Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) _____
Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) _____
Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ϕ ϕ

32. Child Safety Seat Shield Usage ϕ ϕ

33. Child Safety Seat Tether Usage ϕ ϕ

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 6

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay φ 7

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

38. Working Days Lost 6 1

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant φ 5

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score** 15
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 2

- (1) No - blood not given
- (2) Yes - blood given (specify units):
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ φ 1

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>DSI-93-AB-006</u>	4. Occupant Number <u>02</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S.					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	ICD-9	
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						Aspect
1st	5. <u>2</u>	6. <u>8</u>	7. <u>5</u>	8. <u>18</u>	9. <u>14</u>	10. <u>3</u>	11. <u>1</u>	12. <u>11</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>821.41</u>
2nd	16. <u>2</u>	17. <u>1</u>	18. <u>6</u>	19. <u>02</u>	20. <u>02</u>	21. <u>2</u>	22. <u>0</u>	23. <u>15</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>850.1</u>
3rd	27. <u>2</u>	28. <u>8</u>	29. <u>5</u>	30. <u>34</u>	31. <u>20</u>	32. <u>2</u>	33. <u>1</u>	34. <u>11</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>	<u>823.22</u>
4th	38. <u>2</u>	39. <u>8</u>	40. <u>5</u>	41. <u>16</u>	42. <u>06</u>	43. <u>2</u>	44. <u>1</u>	45. <u>11</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>	<u>823.22</u>
5th	49. <u>2</u>	50. <u>2</u>	51. <u>9</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>15</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>	<u>873.42</u>
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	_____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	_____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	_____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	_____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	_____

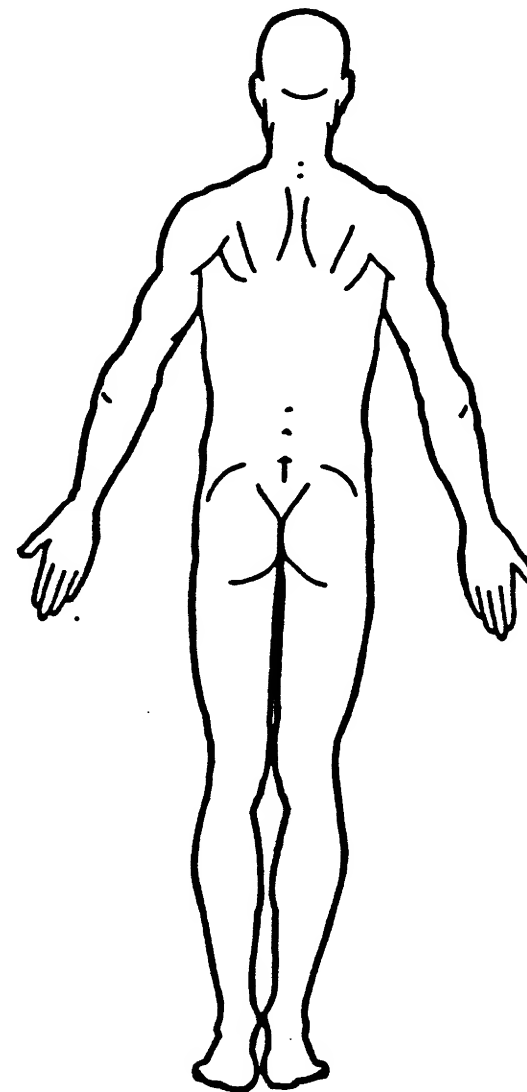
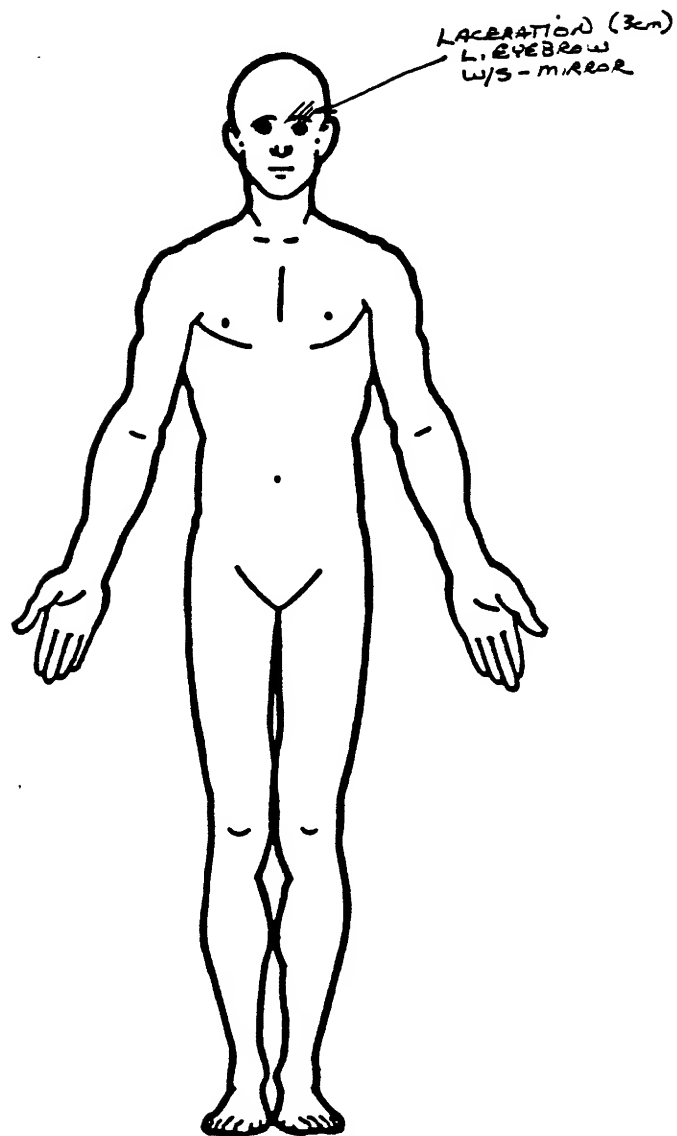
OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.-A.I.S.						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	---	---	---	---	---	---	---	---	---	---
12th	---	---	---	---	---	---	---	---	---	---
13th	---	---	---	---	---	---	---	---	---	---
14th	---	---	---	---	---	---	---	---	---	---
15th	---	---	---	---	---	---	---	---	---	---
16th	---	---	---	---	---	---	---	---	---	---
17th	---	---	---	---	---	---	---	---	---	---
18th	---	---	---	---	---	---	---	---	---	---
19th	---	---	---	---	---	---	---	---	---	---
20th	---	---	---	---	---	---	---	---	---	---
21st	---	---	---	---	---	---	---	---	---	---
22nd	---	---	---	---	---	---	---	---	---	---
23rd	---	---	---	---	---	---	---	---	---	---
24th	---	---	---	---	---	---	---	---	---	---
25th	---	---	---	---	---	---	---	---	---	---

ICD-9

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tire (specify): _____
- (68) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = ϕ

Glasgow Coma
Scale Score

GCSS = 15

Units of Blood
Given

Units = /

Arterial Blood
Gases

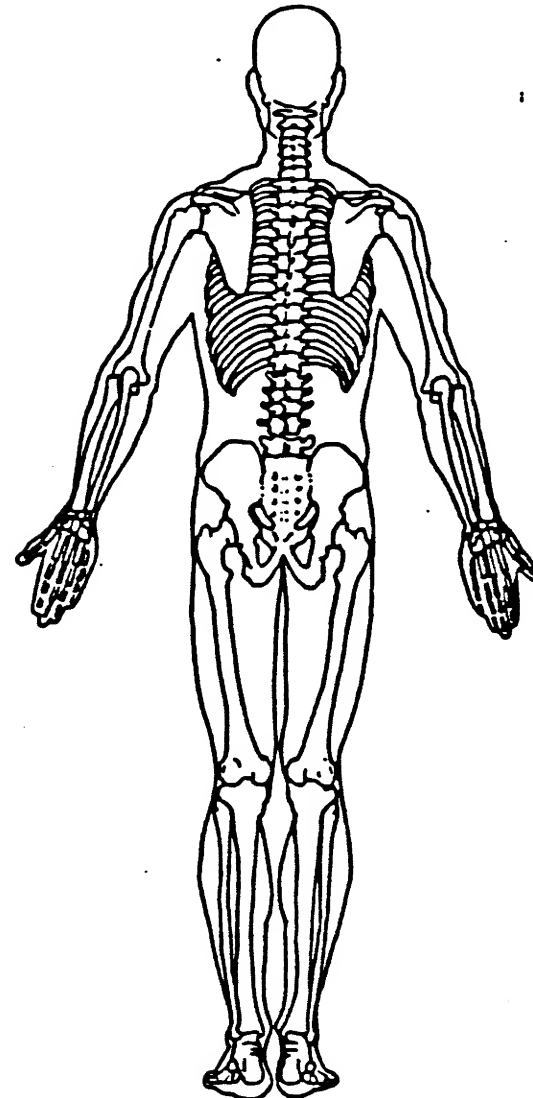
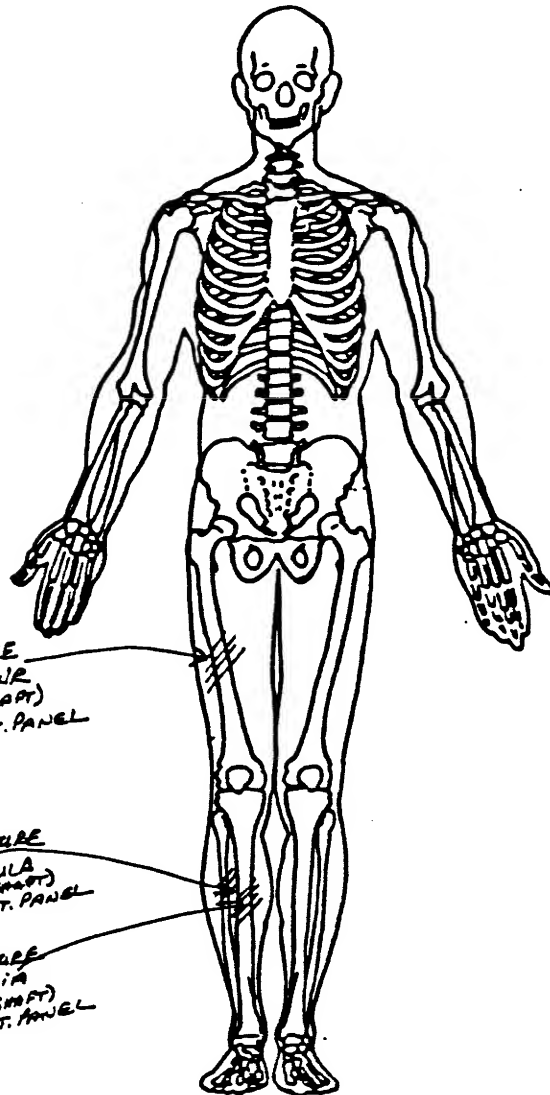
pH = - /

PO₂ = /

PCO₂ = /

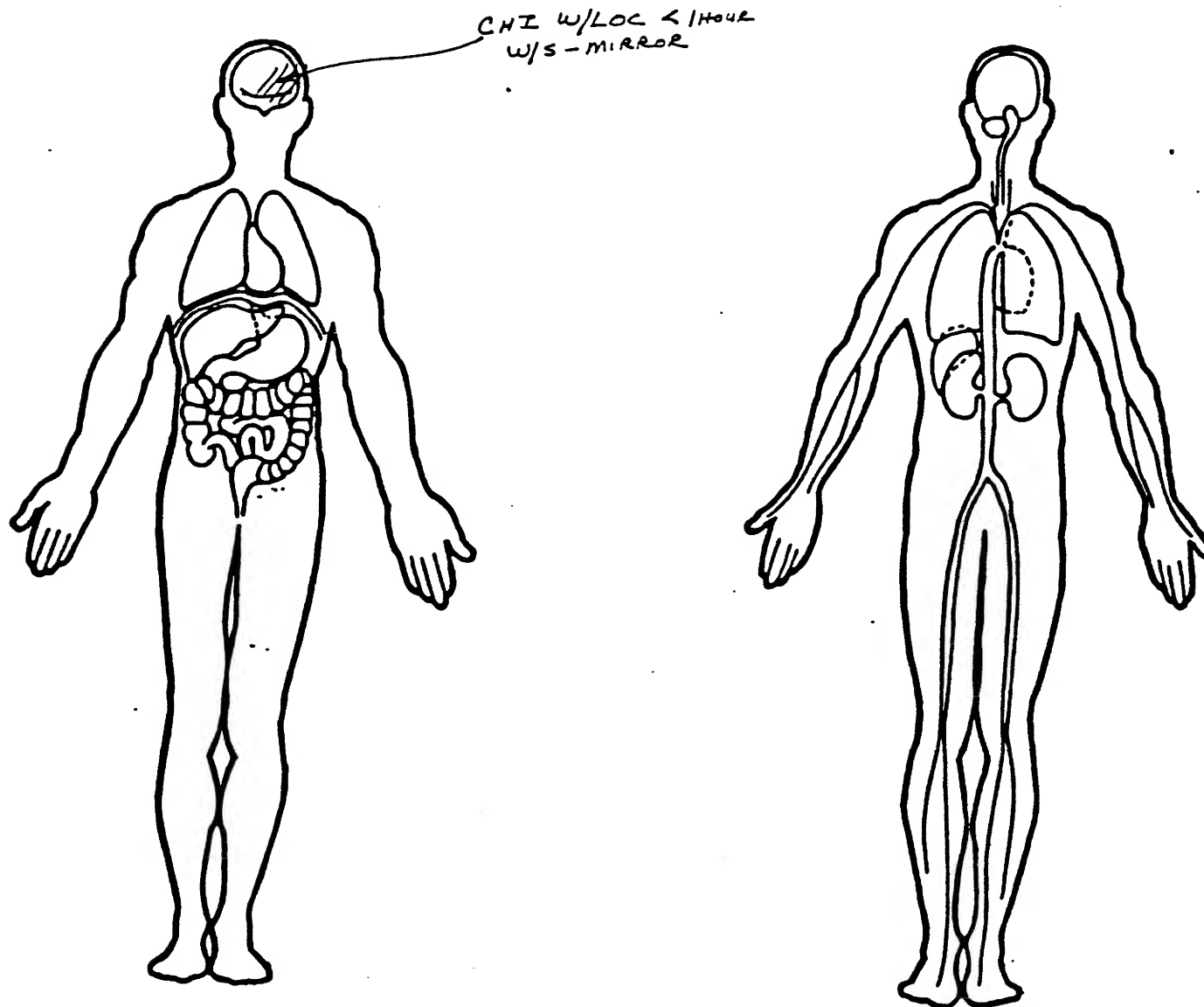
HCO₃ = /

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-93-AB-006

3. Vehicle Number 01

4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 12
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 157
Code actual height to the nearest
centimeter.
(999) Unknown

62 inches X 2.54 = 157 centimeters

8. Occupant's Weight 041
Code actual weight to the nearest
kilogram.
(999) Unknown

020 pounds X .4536 = 041 kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 21

Front Seat

- (11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Areaφ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Mediumφ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapmentφ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 4

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 4

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Positionφ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

φ 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify): _____
 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat φ
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify): _____
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify): _____
 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify): _____
 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify): _____
 (29) Unknown orientation
 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

38. Working Days Lost 9 7

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant φ 2

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function φ

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) +

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score 2 7
(at Medical Facility)

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 2

- (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 2 7

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>DSI-93-AB-006</u>	4. Occupant Number <u>03</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

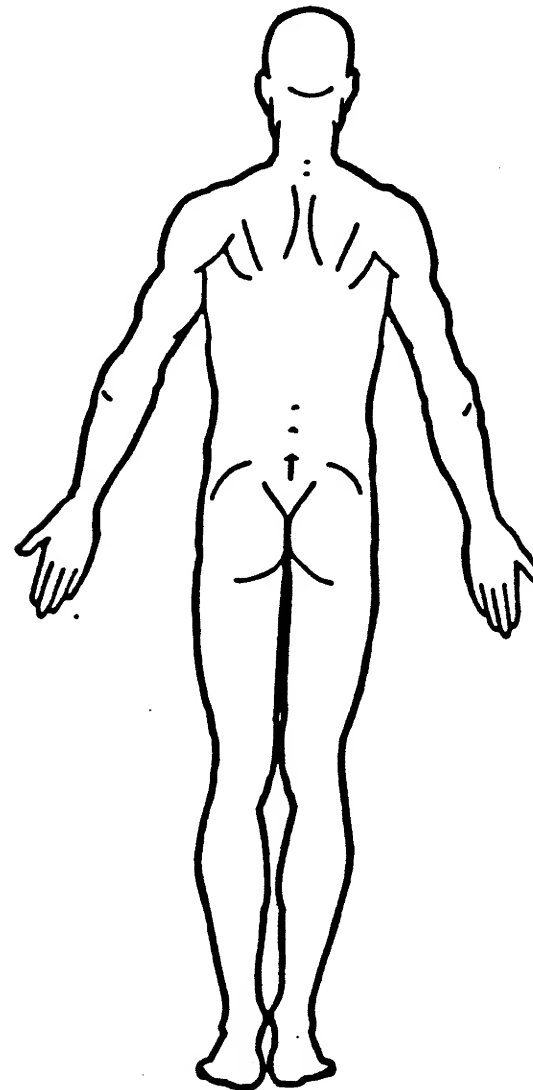
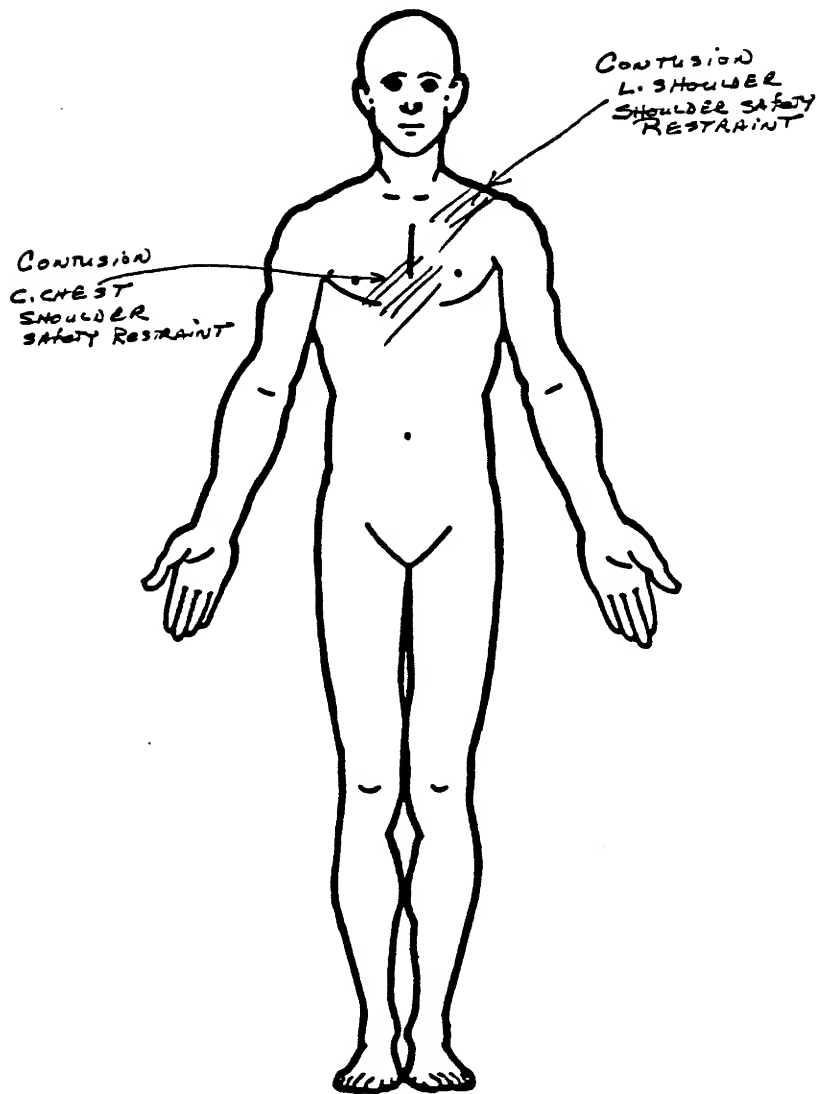
	Source of Injury Date	O.I.C.-A.I.S.						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>7</u>	6. <u>1</u>	7. <u>2</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>41</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>923.00</u>
2nd	16. <u>7</u>	17. <u>4</u>	18. <u>2</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>4</u>	23. <u>41</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>922.1</u>
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____	____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____	____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	____

OCCUPANT INJURY DATA

[illegible]

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (66) Hood
- (68) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tire (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol
Level (mg/dl)

BAL = ϕ

Glasgow Come
Scale Score

GCSS = ϕ

Units of Blood
Given

Units = ϕ

Arterial Blood
Gases

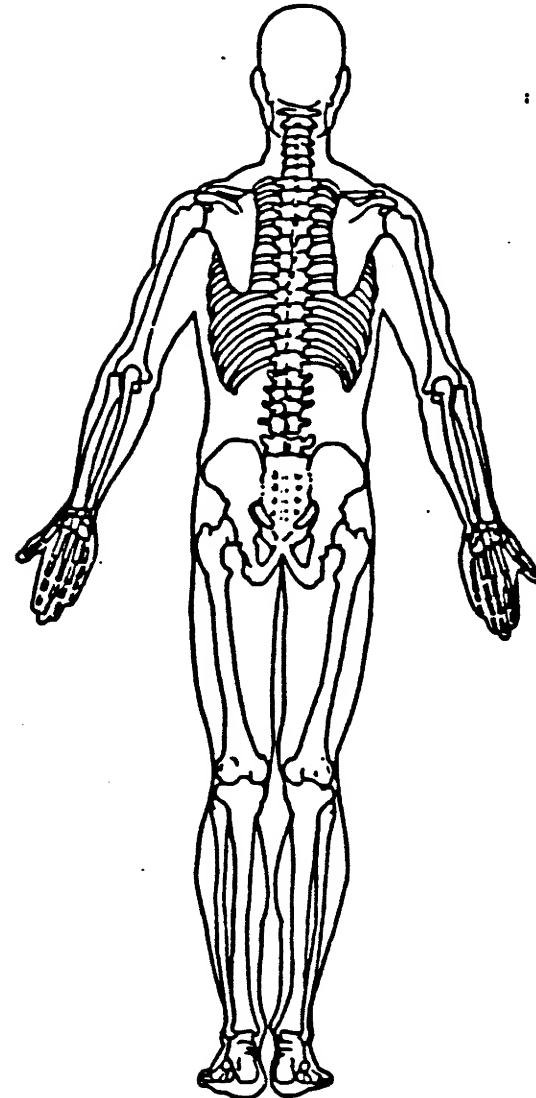
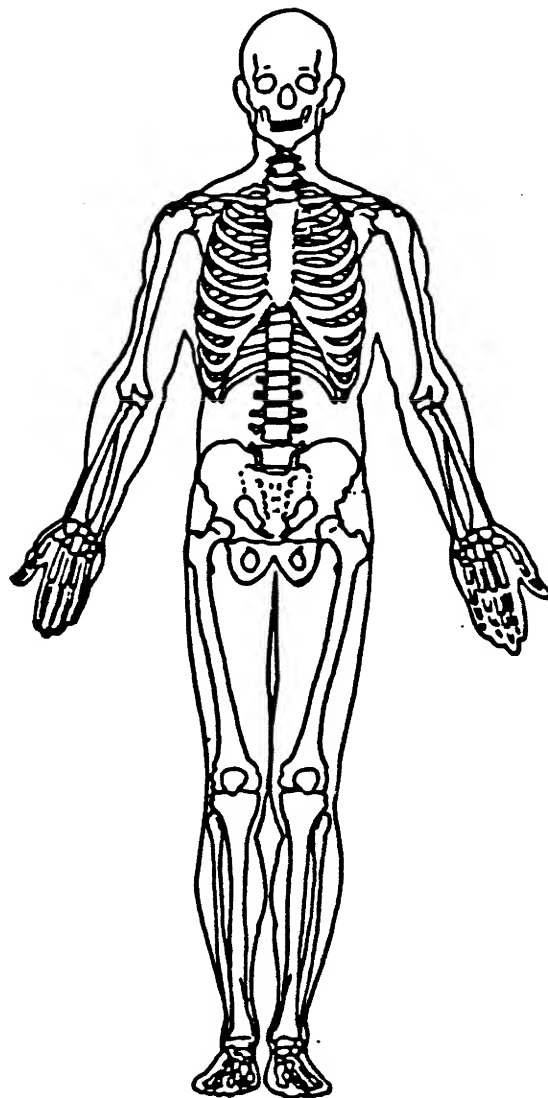
pH = ϕ

PO₂ = ϕ

PCO₂ = ϕ

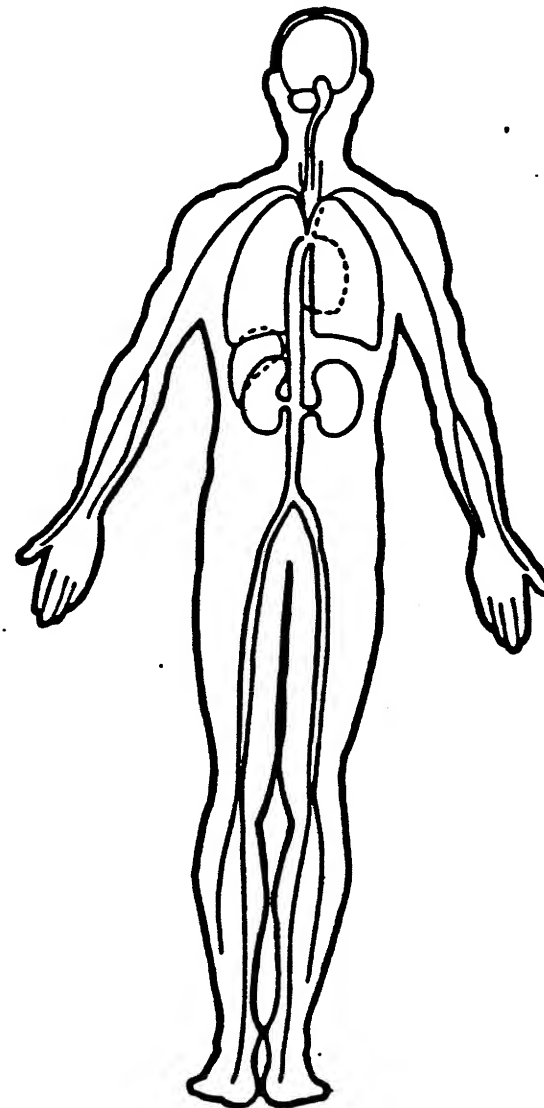
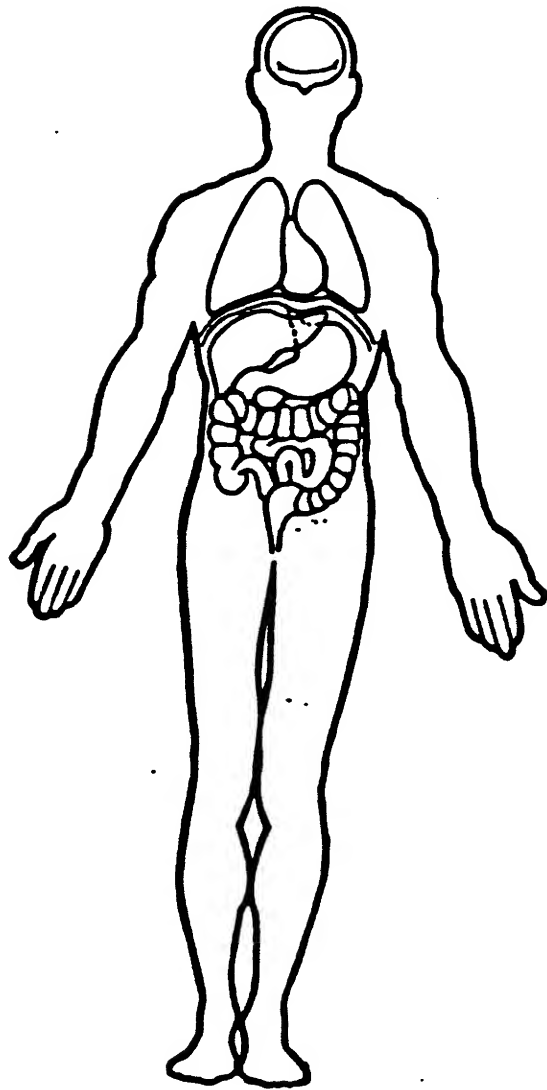
HCO₃ = ϕ

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-93-AB-046
3. Vehicle Number 01
4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 14
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older _____
(99) Unknown _____
6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 163
Code actual height to the nearest centimeter.
(999) Unknown
64 inches X 2.54 = 163 centimeters
8. Occupant's Weight 061
Code actual weight to the nearest kilogram.
(999) Unknown
135 pounds X .4536 = 061 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 23
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture
Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Areaφ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Mediumφ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapmentφ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION25. Head Restraint Type/Damage by Occupant
at This Occupant Positionφ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

φ 3

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 0 7

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant 0

- (0) Not the Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case.

38. Working Days Lost 9 7

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 0 0

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 0 6

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 7

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score φ 2
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 9

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ φ 1

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number - Stratum 1 SE-93-AB-006

4. Occupant Number

04

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	O.I.C.-A.I.S		Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	ICD-9	
		Type of Anatomic Structure	Specific Anatomic Structure									
1st	5. <u>2</u>	6. <u>5</u>	7. <u>4</u>	8. <u>42</u>	9. <u>40</u>	10. <u>3</u>	11. <u>2</u>	12. <u>41</u>	13. <u>1</u>	14. <u>2</u>	15. <u>00</u>	<u>865.02</u>
2nd	16. <u>2</u>	17. <u>4</u>	18. <u>4</u>	19. <u>14</u>	20. <u>02</u>	21. <u>3</u>	22. <u>2</u>	23. <u>41</u>	24. <u>1</u>	25. <u>2</u>	26. <u>00</u>	<u>860.0</u>
3rd	27. <u>2</u>	28. <u>7</u>	29. <u>5</u>	30. <u>22</u>	31. <u>00</u>	32. <u>2</u>	33. <u>1</u>	34. <u>41</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>	<u>810.00</u>
4th	38. <u>2</u>	39. <u>5</u>	40. <u>4</u>	41. <u>08</u>	42. <u>10</u>	43. <u>2</u>	44. <u>8</u>	45. <u>41</u>	46. <u>1</u>	47. <u>2</u>	48. <u>00</u>	<u>863.42</u>
5th	49. <u>2</u>	50. <u>5</u>	51. <u>4</u>	52. <u>28</u>	53. <u>12</u>	54. <u>2</u>	55. <u>7</u>	56. <u>41</u>	57. <u>1</u>	58. <u>2</u>	59. <u>00</u>	<u>863.80</u>
6th	60. <u>2</u>	61. <u>5</u>	62. <u>4</u>	63. <u>20</u>	64. <u>10</u>	65. <u>2</u>	66. <u>8</u>	67. <u>41</u>	68. <u>1</u>	69. <u>2</u>	70. <u>00</u>	<u>863.20</u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

HS Form 433B (1/93)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

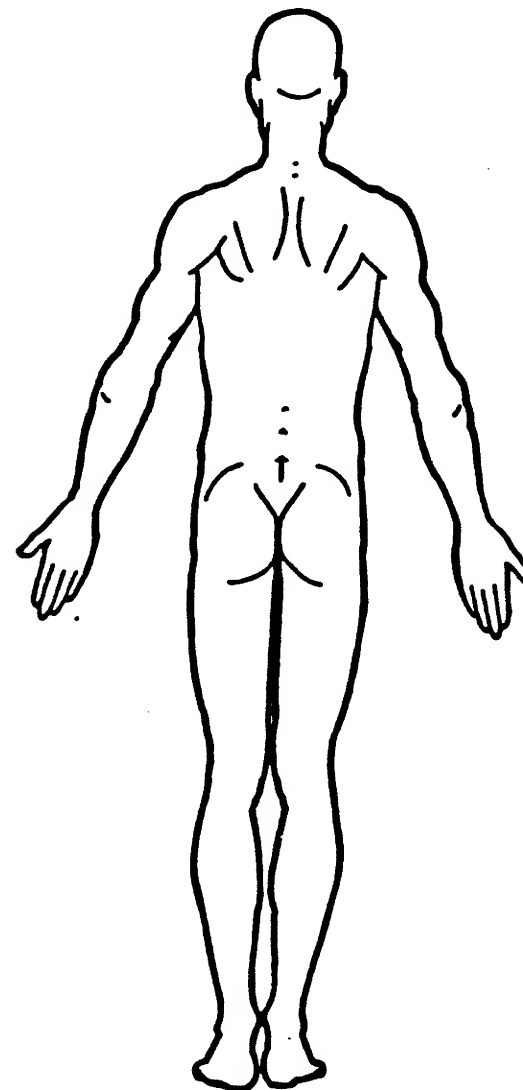
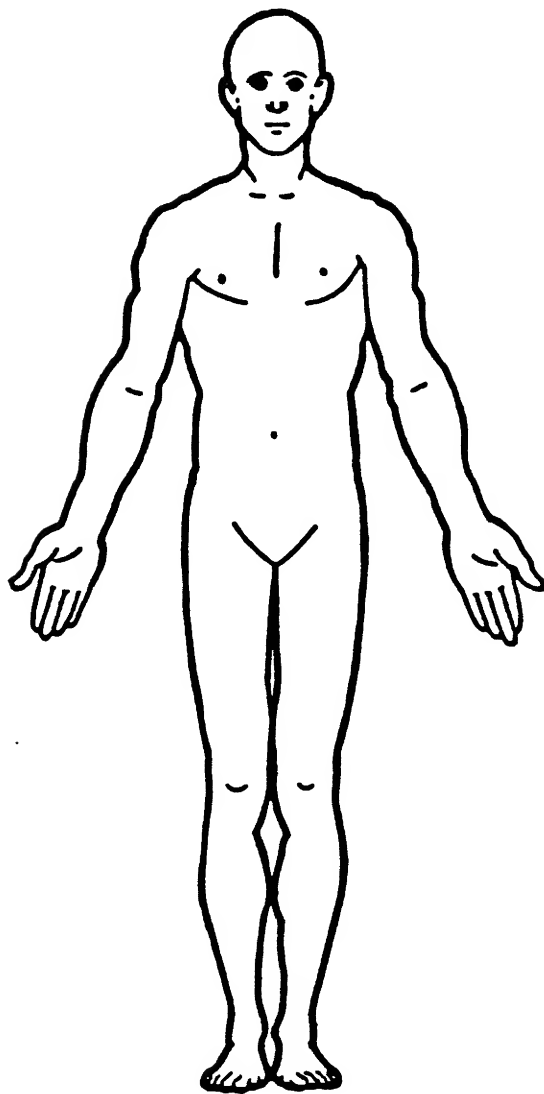
OCCUPANT INJURY DATA

Source of Injury Date	O.I.C.-A.I.S.						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	---	---	---	---	---	---	---	---	---	---
12th	---	---	---	---	---	---	---	---	---	---
13th	---	---	---	---	---	---	---	---	---	---
14th	---	---	---	---	---	---	---	---	---	---
15th	---	---	---	---	---	---	---	---	---	---
16th	---	---	---	---	---	---	---	---	---	---
17th	---	---	---	---	---	---	---	---	---	---
18th	---	---	---	---	---	---	---	---	---	---
19th	---	---	---	---	---	---	---	---	---	---
20th	---	---	---	---	---	---	---	---	---	---
21st	---	---	---	---	---	---	---	---	---	---
22nd	---	---	---	---	---	---	---	---	---	---
23rd	---	---	---	---	---	---	---	---	---	---
24th	---	---	---	---	---	---	---	---	---	---
25th	---	---	---	---	---	---	---	---	---	---

ICD-9

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tire (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

— No

X Yes

Blood Alcohol
Level (mg/dl)

BAL = 0

Glasgow Coma
Scale Score

GCSS = 1

Units of Blood
Given

Units = 1

Arterial Blood
Gases

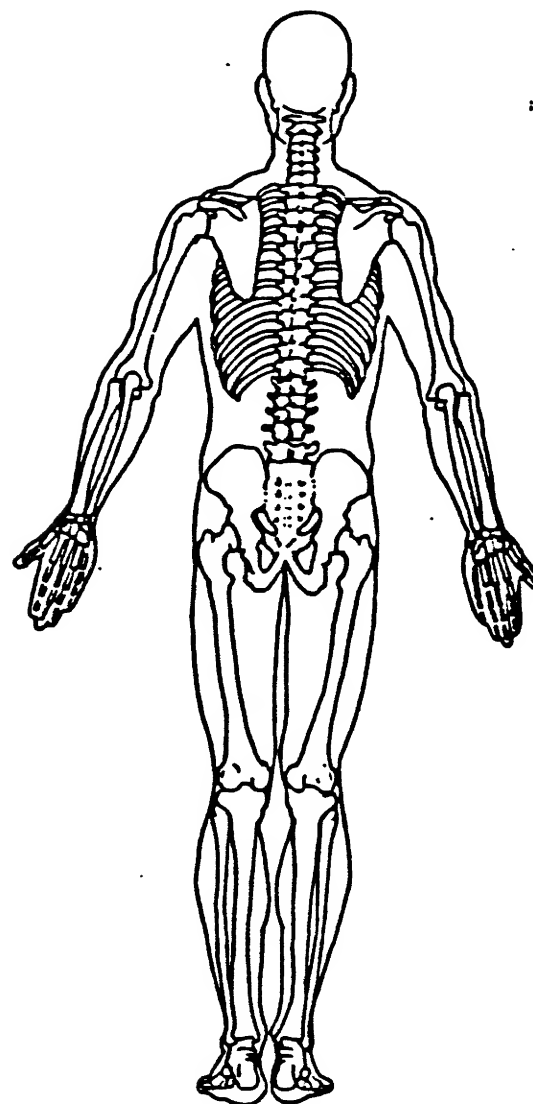
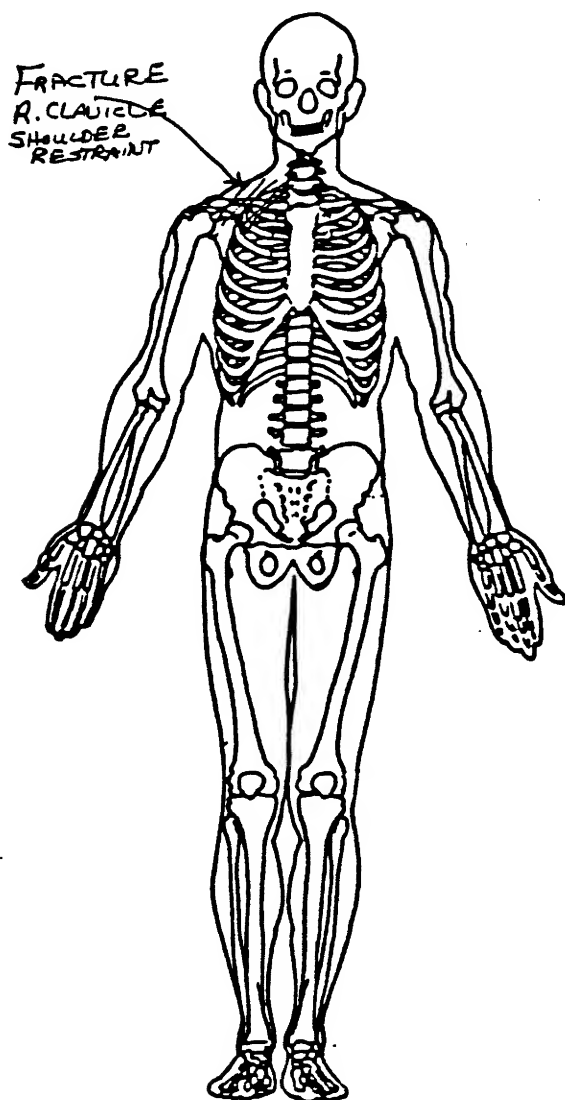
pH = 7.35

PO₂ = 100

PCO₂ = 40

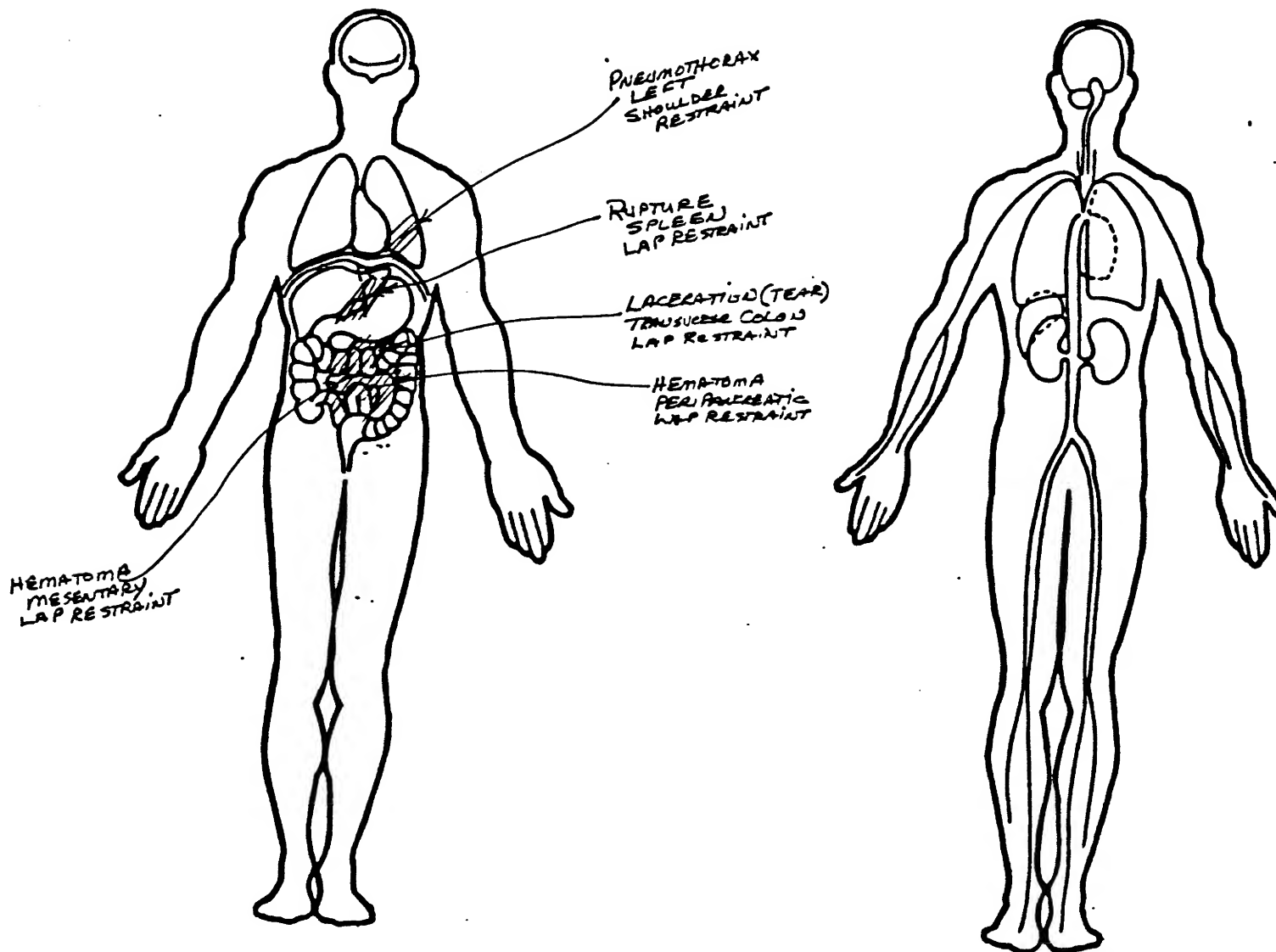
HCO₃ = 24

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation

National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number
2. Case Number - Stratum DSI-93-AB-006
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 92
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): FORD
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 017
TAURUS
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown
7. Body Type 06
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
LEACP57U5NA *-*-*-*-*
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
10. Police Reported Travel Speed 999
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown
 mph X 1.6093 = kph

11. Police Reported Alcohol Presence 0
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown
35 mph X 1.6093 = 056 kph
14. Attempted Avoidance Maneuver 04
(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown
15. Accident Type 68
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

BEST AVAILABLE COPY

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Bret, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [78 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportaman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

(59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 0 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 1

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1 4 9 0
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
0 3 2 9 4 lbs X .4536 = 1 4 9 4 kgs
 Source: _____
20. Vehicle Cargo Weight 0 0 7 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
0 0 1 5 0 lbs X .4536 = 0 0 6 8 kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

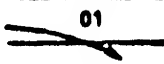



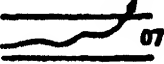
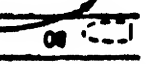



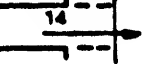
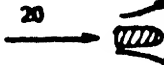
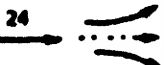
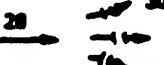
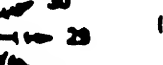
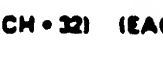

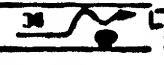

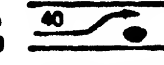

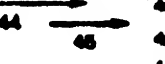

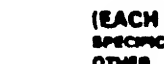
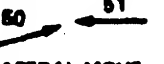
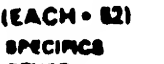



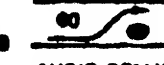
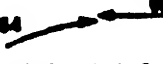
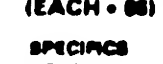



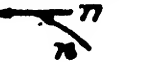
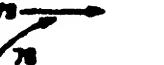
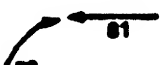

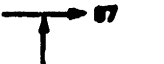



OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 1 0 5
28. Heading Angle For Other Vehicle 3 2 5

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 41 SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS OTHER	 47 SPECIFICS OTHER	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH - 62) SPECIFICS OTHER (EACH - 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 78 SPECIFICS OTHER	 81 TURN INTO OPPOSITE DIRECTIONS	 82 SPECIFICS OTHER	(EACH - 84) SPECIFICS OTHER (EACH - 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 SPECIFICS OTHER	 88 SPECIFICS OTHER	(EACH - 89) SPECIFICS OTHER	(EACH - 90) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	96 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 1*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

35.2 Nearest kph
 (21.9 mph)

 (NOTE: 000 means less than
 0.5 kph)
 (160) 159.5 kph and above
 (999) Unknown

0 3 5
 (22 mph)

31. Longitudinal Component of Delta V

-33.9 Nearest kph
 (-21.1 mph)

 (NOTE: 000 means greater than
 -0.5 kph and less than +0.5 kph)
 (±160) ±159.5 kph and above
 (999) Unknown

0 3 4
 (-21 mph)

Secondary

Highest

32. Lateral Component of Delta V

-9.2 Nearest kph
 (-5.7 mph)

 (NOTE: 000 means greater than
 -0.5 kph and less than +0.5 kph)
 (±160) ±159.5 kph and above
 (999) Unknown

0 0 9
 (-0.6 mph)

33. Energy Absorption

63654.5 Nearest 100 joules
 (46,947.8 ft-lb)

 (NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

0 6 3 7 0 0
 (46,947.8 ft-lb)

34. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES ☒ NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence ϕ

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ϕ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver ϕ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u> ϕ </u>	41. <u> ϕ </u>
Depressant Drug	42. <u> ϕ </u>	43. <u> ϕ </u>
Stimulant Drug	44. <u> ϕ </u>	45. <u> ϕ </u>
Hallucinogen Drug	46. <u> ϕ </u>	47. <u> ϕ </u>
Cannabinoid Drug	48. <u> ϕ </u>	49. <u> ϕ </u>
Phencyclidine (PCP)	50. <u> ϕ </u>	51. <u> ϕ </u>
Inhalant Drug	52. <u> ϕ </u>	53. <u> ϕ </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u> ϕ </u>	55. <u> ϕ </u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin 1

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip) φ

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type φ

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation φ

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted φ 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied φ

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll φ

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) 1 φ

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PRECRASH DATA (Continued)**65. Critical Precrash Event** 1 5*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 2

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>DSI-93-AB-006</u>	

VEHICLE IDENTIFICATION

VIN 1FACP5745NA *-*-*-*-* Model Year 92
 Vehicle Make (specify): FORD Vehicle Model (specify): TAURUS STATION WAGON

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>01</u>	<u>BEHIND R. FRONT BUMPER CORNER</u>	<u>FULL FRONTAL</u>

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>01</u>	<u>FRONT BUMPER</u>	<u>79</u>	<u>55</u>	<u>132</u>	<u>14</u>	<u>11</u>	<u>29</u>	<u>55</u>	<u>35</u>	<u>36</u>	<u>+39</u>
	<u>- FREE SPACE</u>		<u>0</u>		<u>9</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>5</u>	<u>9</u>	
	<u>RESULTANT</u>		<u>55</u>		<u>5</u>	<u>6</u>	<u>29</u>	<u>55</u>	<u>30</u>	<u>27</u>	
			<u>@C4</u>								
				<u>N. S. EQUIVALENT</u>							
<u>01</u>	<u>FRONT BUMPER</u>	<u>31.0 in</u>	<u>21.6 in</u>	<u>52.0 in</u>	<u>5.7 in</u>	<u>4.2 in</u>	<u>11.5 in</u>	<u>21.6 in</u>	<u>13.6 in</u>	<u>14.2 in</u>	<u>+15.5 in</u>
	<u>- FREE SPACE</u>		<u>0</u>		<u>3.5 in</u>	<u>2.0 in</u>	<u>0</u>	<u>0</u>	<u>2.0 in</u>	<u>3.5 in</u>	
	<u>RESULTANT</u>		<u>21.6 in</u>		<u>2.2 in</u>	<u>2.2 in</u>	<u>11.5 in</u>	<u>21.6 in</u>	<u>11.6 in</u>	<u>10.7 in</u>	
			<u>@C4</u>								

ORIGINAL SPECIFICATIONS WORK SHEET

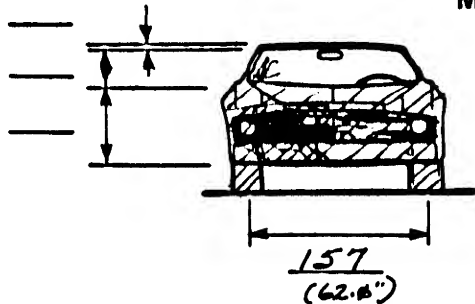
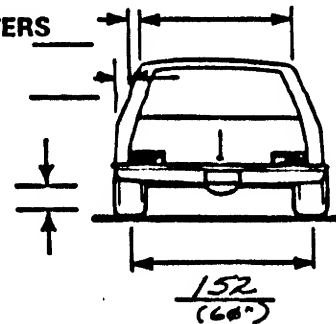
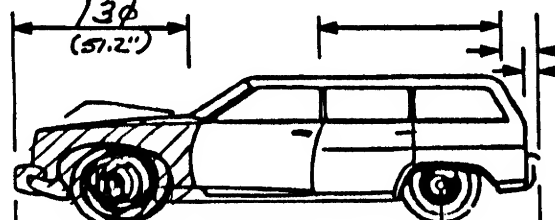
Wheelbase	<u>1</u> <u>6</u> <u>6</u> <u>0</u>	inches x 2.54 =	<u>2</u> <u>6</u> <u>9</u> cm
Overall Length	<u>1</u> <u>9</u> <u>3</u> <u>1</u>	inches x 2.54 =	<u>4</u> <u>9</u> <u>0</u> cm
Maximum Width	<u>6</u> <u>7</u> <u>1</u> <u>2</u>	inches x 2.54 =	<u>1</u> <u>8</u> <u>1</u> cm
Curb Weight	<u>0</u> <u>3</u> <u>2</u> <u>9</u> <u>4</u>	pounds x .4536 =	<u>1</u> <u>4</u> <u>9</u> <u>4</u> kg
Average Track	<u>6</u> <u>6</u> <u>0</u> <u>8</u>	inches x 2.54 =	<u>1</u> <u>5</u> <u>4</u> cm
Front Overhang	<u>6</u> <u>4</u> <u>0</u> <u>4</u>	inches x 2.54 =	<u>1</u> <u>6</u> <u>3</u> cm
Rear Overhang	<u>6</u> <u>4</u> <u>6</u> <u>7</u>	inches x 2.54 =	<u>1</u> <u>1</u> <u>9</u> cm
Undeformed End Width	<u>6</u> <u>6</u> <u>2</u> <u>0</u>	inches x 2.54 =	<u>1</u> <u>5</u> <u>7</u> cm
Engine Size: cyl./displ.	<u>3</u> <u>0</u> <u>0</u> <u>0</u> cc	x .001 =	<u>3</u> <u>0</u> L
	<u>1</u> <u>8</u> <u>3</u> CID	x .0164 =	<u>3</u> <u>0</u> L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.	ORIGINAL SPECIFICATIONS Wheelbase <u>269</u> cm Overall Length <u>490</u> cm Maximum Width <u>181</u> cm Curb Weight <u>1494</u> kg Average Track <u>154</u> cm Front Overhang <u>103</u> cm Rear Overhang <u>119</u> cm Undeformed End Width <u>157</u> cm Engine Size: cyl./displ. <u>V6/3.0</u> L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ϕ <u>1</u> ϕ ° LF ϕ <u>1</u> ϕ ° RR \pm <u>—</u> ° LR \pm <u>—</u> ° Within \pm 5 degrees DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>68</u> kg <u>(150 lb)</u>
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		

GAUGE STANDS AOL

MEASUREMENTS IN CENTIMETERS

Original
Bumper height130
(51.2")

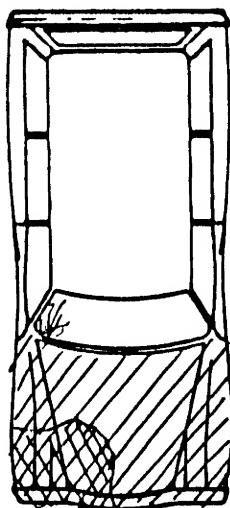
POST-CRASH

Bumper corner 100 (39.5")260 (102.5")109 (43.1")

Bumper corner

Stringline 112 (44.0")260 (102.5")118 (46.6")

Stringline



MAX

NOTES:

Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>φ 1</u>	5. <u> </u>	6. <u>φ 1</u>	7. <u>F</u>	8. <u>Ξ</u>	9. <u>E</u>	10. <u>W</u>	11. <u>φ 2</u>

Second Highest Delta "V"

12. <u> </u>	13. <u> </u>	14. <u> </u>	15. <u> </u>	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>1 5 7</u> (62")	<u>φ φ 5</u> (2")	<u>φ φ 5</u> (2")	<u>φ 2 9</u> (12")	<u>φ 5 5</u> (22")	<u>φ 3 φ</u> (12")	<u>φ 2 7</u> (11")	<u>⊕</u> <u>- φ 3 9</u> (+16")

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No φ
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 2 6 9
Code to the nearest centimeter
(999) Unknown

1 φ 6 . φ inches X 2.54 = 2 6 9 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

φ

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

φ

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

φ

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank

1

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-93-AB-006

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00 00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify): _____

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify): _____

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (5) Other failure (specify): _____

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 0 22. Other 0

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify): _____

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

Note: Sketch intruded areas

Note: Sketch intruded areas



(All Measurements Are In Centimeters)

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

LOCATION OF INTRUSION**Front Seat**

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify)

(99) Unknown

Third Seat

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

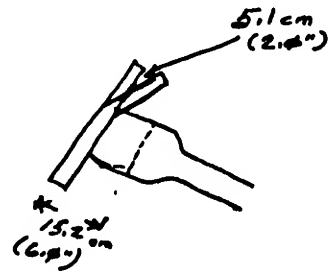
COMPARISON VALUE — DAMAGE VALUE = DEFORMATION

15.2 cm (6.0") — 10.1 cm (4.0") = 5.1 cm (2.0")

— =

— =

— =



STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

92. Steering Rim/Spoke Deformation 0 5

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation 0 5

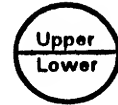
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading 0 5 0,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

0 3 0 8 1 7 miles X 1.6093 = 0 4 9 5 2 4 kilometers

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

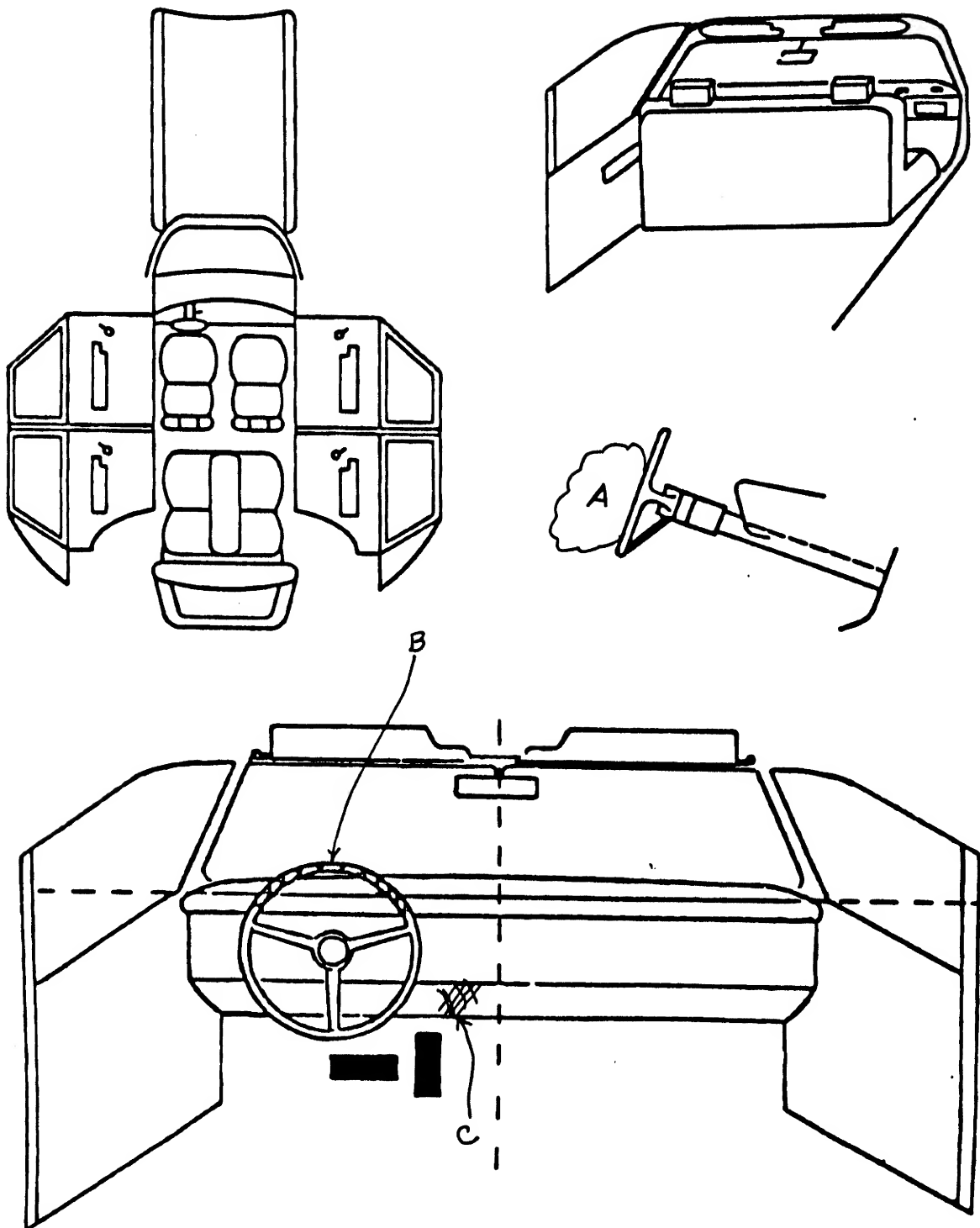
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	01	TORSO	AIR BAG DEPLOYED	1
B	04	01	HANDS	DEFORMED / ABRADED	
C	09	01	R. KNEE	DEFORMED / ABRADED	
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	/	φ
	Deployment	/	φ
	Failure	/	φ

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	φ	φ
	Use	φ	φ
	Type	φ	φ
	Proper Use	φ	φ
	Failure Modes	φ	φ

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	3	4
	Use	φ4	φφ	φφ
	Failure Modes	1	φ	φ
S E C O N D	Availability	4	3	4
	Use	φφ	φφ	φφ
	Failure Modes	φ	φ	φ
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	φ	3
	Seat Type	φ6	φ6	φ6
	Seat Performance	1	8	8
	Seat Orientation	1	1	1
S E C O N D	Head Restraint Type/Damage	φ	φ	φ
	Seat Type	φ5	φ5	φ5
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:

(9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: SEAT BACK
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-93-AB-φφ6
3. Vehicle Number φ 2
4. Occupant Number φ 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 3 9
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older _____
(99) Unknown _____
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 1 8 φ
Code actual height to the nearest
centimeter.
(999) Unknown
1 1 inches X 2.54 = 1 8 φ centimeters
8. Occupant's Weight φ 7 3
Code actual weight to the nearest
kilogram.
(999) Unknown
1 6 φ pounds X .4536 = φ 7 3 kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 1 1
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture φ
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Areaφ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Mediumφ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapmentφ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION**25. Head Restraint Type/Damage by Occupant at This Occupant Position**3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)06

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 3

- (0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

(9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

99. Case Occupant 1

- (0) Not the Case Occupant
(1) This is the Case Occupant
(2) This is the Case Occupant
in another case.

38. Working Days Lost φ 7

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- _____ Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant φ 2

- _____ Code the actual number of
injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** ϕ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ϕ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ϕ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ϕ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ϕ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score** 2 7
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 2

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 2 7

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>42</u>
2. Case Number - Stratum <u>DSI-93-AB-006</u>	4. Occupant Number <u>1</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

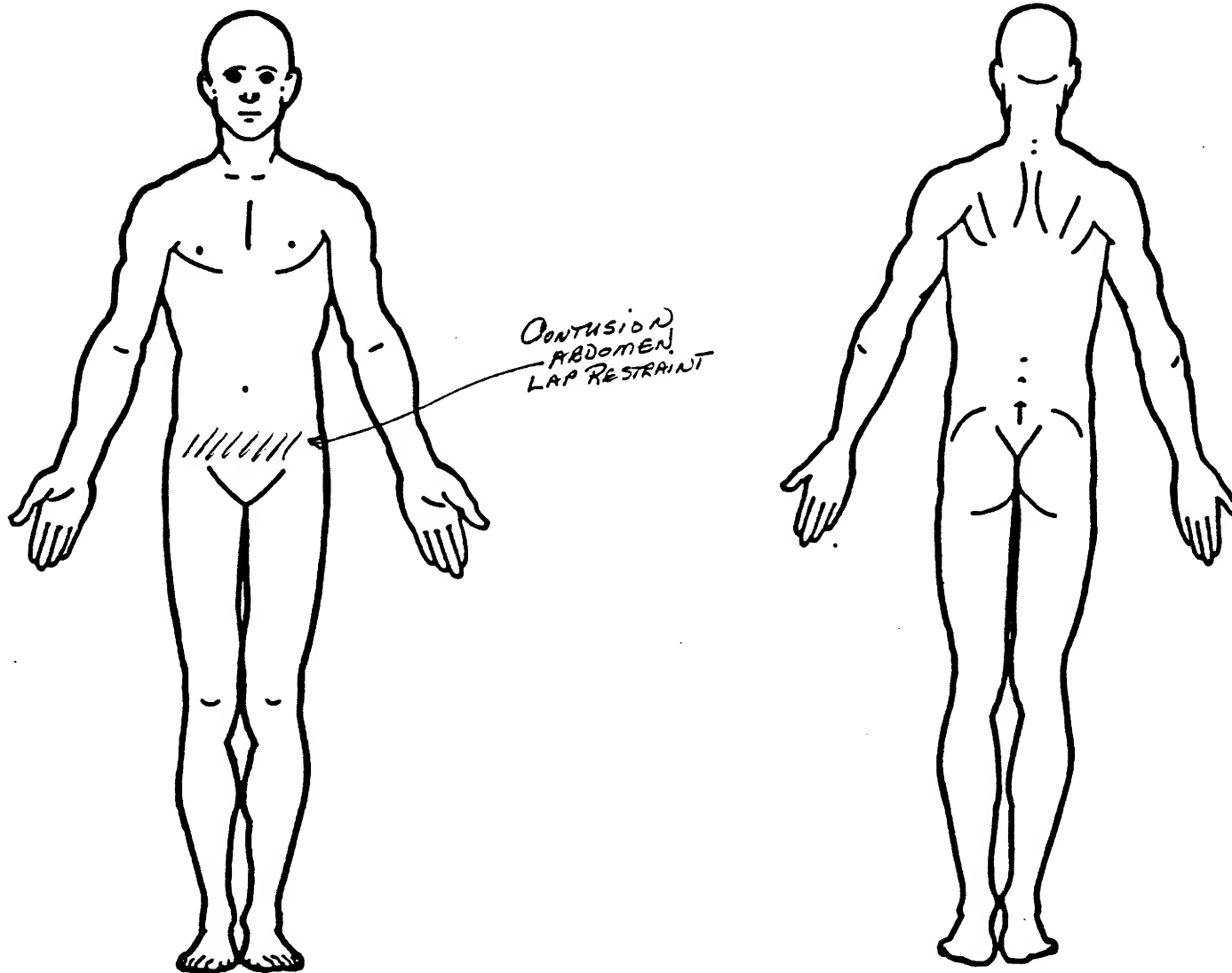
	Source of Injury Data	O.I.C.-A.I.S.						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>7</u>	6. <u>7</u>	7. <u>5</u>	8. <u>22</u>	9. <u>00</u>	10. <u>2</u>	11. <u>2</u>	12. <u>41</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>814.00</u>
2nd	16. <u>7</u>	17. <u>5</u>	18. <u>2</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>4</u>	23. <u>41</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>922.2</u>
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____	
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____	
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	

OCCUPANT INJURY DATA

	Source of Injury Date	O.I.C.-A.I.S.						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect			
11th	---	---	---	-----	----	---	---	---	---	---
12th	---	---	---	-----	----	---	---	---	---	---
13th	---	---	---	-----	----	---	---	---	---	---
14th	---	---	---	-----	----	---	---	---	---	---
15th	---	---	---	-----	----	---	---	---	---	---
16th	---	---	---	-----	----	---	---	---	---	---
17th	---	---	---	-----	----	---	---	---	---	---
18th	---	---	---	-----	----	---	---	---	---	---
19th	---	---	---	-----	----	---	---	---	---	---
20th	---	---	---	-----	----	---	---	---	---	---
21st	---	---	---	-----	----	---	---	---	---	---
22nd	---	---	---	-----	----	---	---	---	---	---
23rd	---	---	---	-----	----	---	---	---	---	---
24th	---	---	---	-----	----	---	---	---	---	---
25th	---	---	---	-----	----	---	---	---	---	---

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):
(9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface,
excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
(26) Left side window glass including one or more of the following:
frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):
-
- (35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)**

- (61) Backlight storage rack, door, etc.
(62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tire (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):
-
- (73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify):

- (79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle
(specify):
(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify) _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source
(specify): _____
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE
LEVEL

- (1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Spine	Abbreviated Injury Scale
(1) Head	<u>Whole Area</u>	(02) Cervical	(1) Minor injury
(2) Face	(02) Skin - Abrasion	(04) Thoracic	(2) Moderate injury
(3) Neck	(04) Skin - Contusion	(06) Lumbar	(3) Serious injury
(4) Thorax	(06) Skin - Laceration	<u>Vessels, Nerves, Organs, Bones,</u>	(4) Severe injury
(5) Abdomen	(08) Skin - Avulsion	<u>Joints are assigned consecutive</u>	(5) Critical injury
(6) Spine	(10) Amputation	<u>two digit numbers beginning with 02</u>	(6) Maximum (untreatable)
(7) Upper Extremity	(20) Burn	Level of Injury	(7) Injured, unknown severity
(8) Lower Extremity	(30) Crush	Specific injuries are assigned	Aspect
(9) Unspecified	(40) Degloving	consecutive two-digit numbers	(1) Right
	(50) Injury - NFS	beginning with 02.	(2) Left
	(90) Trauma, other than mechanical	To the extent possible, within the	(3) Bilateral
Type of Anatomic Structure	<u>Head - LOC</u>	organizational framework of the	(4) Central
(1) Whole Area	(02) Length of LOC	AIS, 00 is assigned to an injury	(5) Anterior
(2) Vessels	(04, 06, 08) Level of Consciousness	NFS as to severity or where only	(6) Posterior
(3) Nerves	(10) Concussion	one injury is given in the dictionary	(7) Superior
(4) Organs (includes muscles/ ligaments)		for that anatomic structure. 99 is	(8) Inferior
(5) Skeletal (includes joints)		assigned to any injury NFS as to	(9) Unknown
(6) Head - LOC		lesion or severity.	(0) Whole region
(7) Skin			

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol
Level (mg/dl)

BAL = ϕ

Glasgow Coma
Scale Score

GCSS = 99

Units of Blood
Given

Units = ϕ

Arterial Blood
Gases

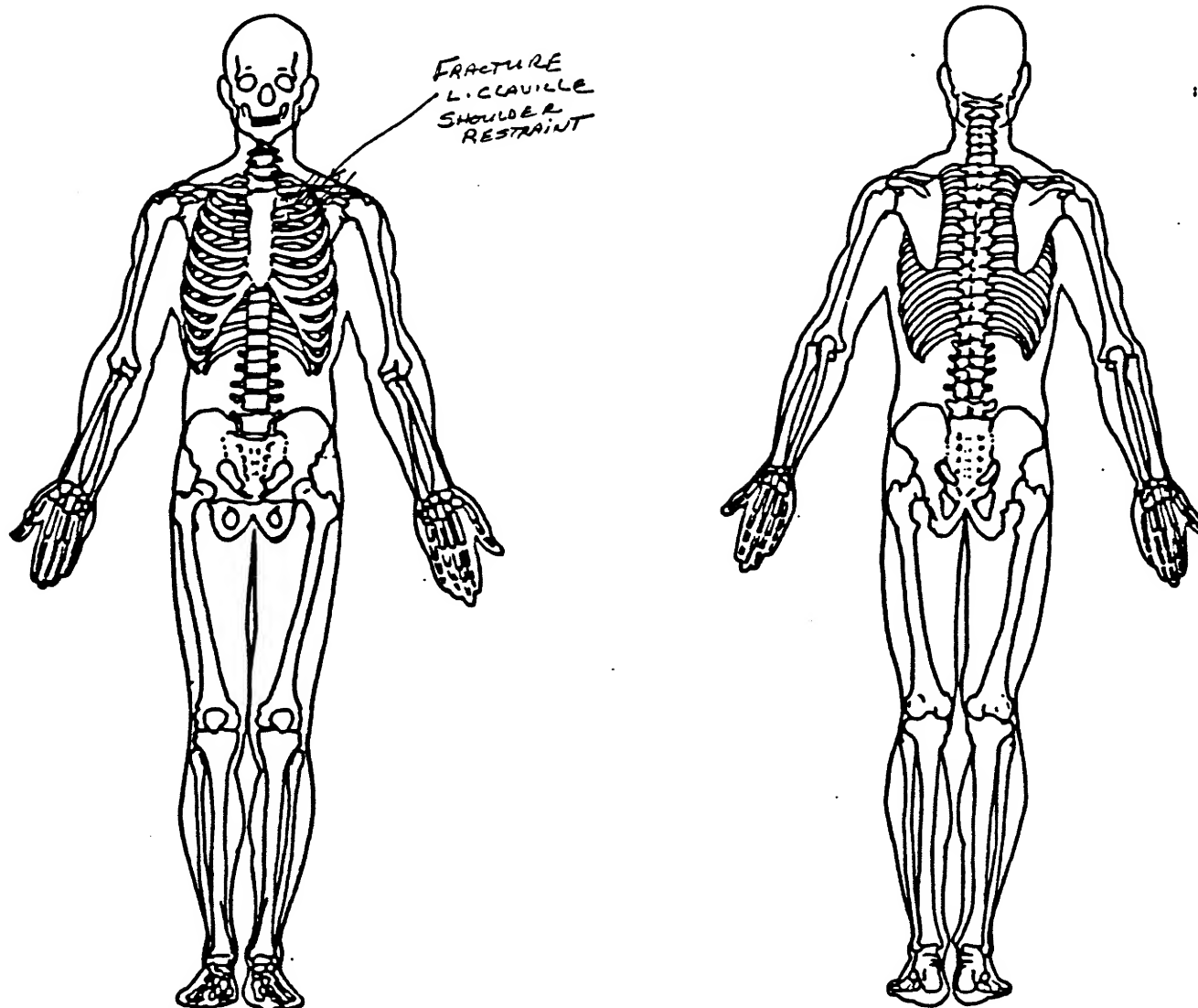
pH = ϕ

PO₂ = ϕ

PCO₂ = ϕ

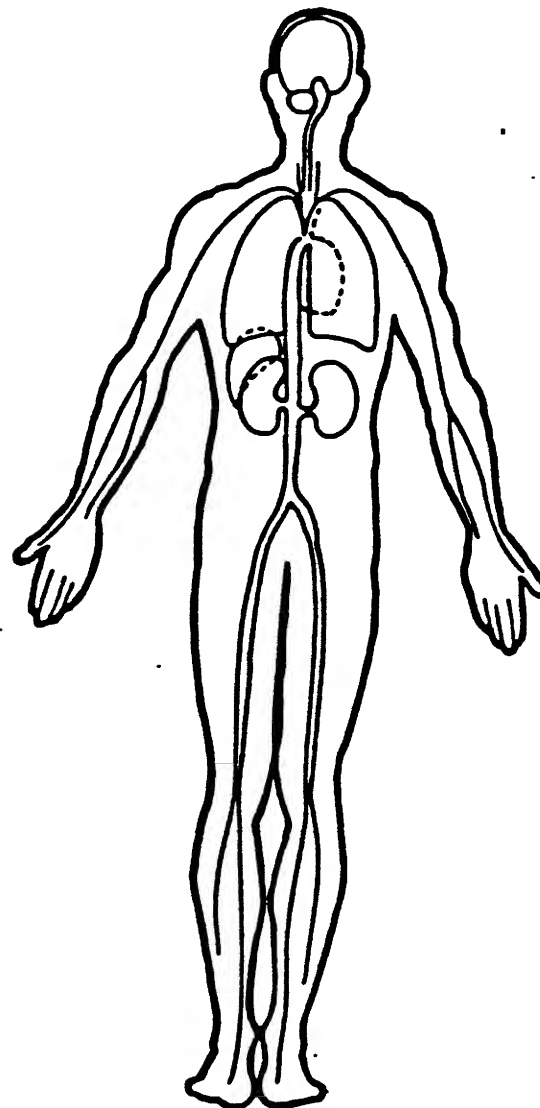
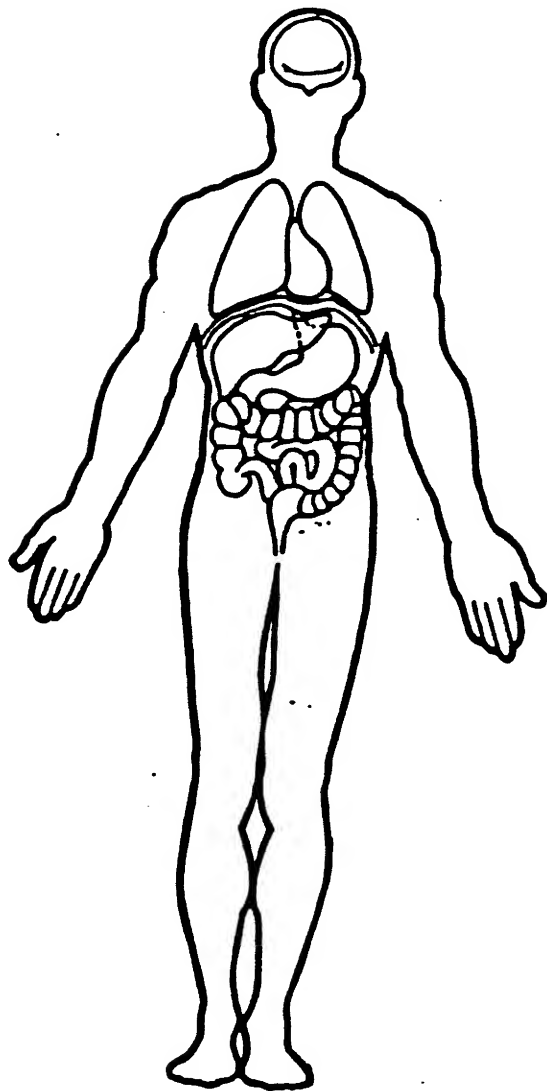
HCO₃ = ϕ

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(KPH)	LONG.(KPH)	LAT.(KPH)	ANG.(DEG)
	VEH #1	37.6	-37.5	2.0	-3.0
	VEH #2	35.2	-34.0	-9.1	15.0

ENERGY DISSIPATED BY DAMAGE VEH#1:107231.8 JOULES VEH#2: 63663.9 JOULES

SUMMARY OF DAMAGE DATA
VEHICLE # 1(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 9
 WEIGHT----- 1540.0 KGS
 CDC-----12PYEW3
 L----- 152.4 CM.
 C1----- 60.7 CM.
 C2----- 77.0 CM.
 C3----- 51.3 CM.
 C4----- 36.1 CM.
 C5----- 24.4 CM.
 C6----- 20.6 CM.
 D----- -38.1 CM.
 RHO----- 1.00 *
 ANG----- -3.0 DEG.
 D'----- -55.4 CM.

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 1642.0 KGS
 CDC-----01PZEW2
 L----- 157.5 CM.
 C1----- 5.6 CM.
 C2----- 5.6 CM.
 C3----- 29.2 CM.
 C4----- 54.9 CM.
 C5----- 29.5 CM.
 C6----- 27.2 CM.
 D----- 39.4 CM.
 RHO----- 1.00 *
 ANG----- 15.0 DEG.
 D'----- 56.1 CM.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 130.3 CM.
 B1 = 141.0 CM.
 TR1 = 149.6 CM.
 I1 = 331504.9 NEWT-SEC**2-CM
 M1 = 15.458 NEWT-SEC**2/CM
 XP1 = 228.1 CM.
 XR1 = -270.3 CM.
 YS1 = 92.2 CM.

A2 = 130.3 CM.
 B2 = 141.0 CM.
 TR2 = 149.6 CM.
 I2 = 353475.1 NEWT-SEC**2-CM
 M2 = 16.483 NEWT-SEC**2/CM
 XP2 = 228.1 CM.
 XR2 = -270.3 CM.
 YS2 = 92.2 CM.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #1	23.3	-23.3	1.2	-3.0
	VEH #2	21.9	-21.1	-5.7	15.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 79079.5 FT-LB VEH#2: 46949.8 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 9
 WEIGHT----- 3395.0 LBS.
 CDC-----12FYEW3
 L----- 60.0 IN.
 C1----- 23.9 IN.
 C2----- 30.3 IN.
 C3----- 20.2 IN.
 C4----- 14.2 IN.
 C5----- 9.6 IN.
 C6----- 8.1 IN.
 D----- -15.0
 RHO----- 1.00 *

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 3620.0 LBS.
 CDC-----01FZEW2
 L----- 62.0 IN.
 C1----- 2.2 IN.
 C2----- 2.2 IN.
 C3----- 11.5 IN.
 C4----- 21.6 IN.
 C5----- 11.6 IN.
 C6----- 10.7 IN.
 D----- 15.5
 RHO----- 1.00 *

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	51.3	IN.	A2	=	51.3	IN.
B1	=	55.5	IN.	B2	=	55.5	IN.
TR1	=	58.9	IN.	TR2	=	58.9	IN.
I1	=	29342.1	LB-SEC**2-IN	I2	=	31286.7	LB-SEC**2-IN
M1	=	8.827	LB-SEC**2/IN	M2	=	9.412	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	89.8	IN.
XR1	=	-106.4	IN.	XR2	=	-106.4	IN.
YS1	=	36.3	IN.	YS2	=	36.3	IN.



CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit Case No.-Stratum Accident Event Sequence No. 01 Date (Month, day, year) of Run 9 3

CRASHPC Vehicle Identification

Vehicle 1 1993 PLYMOUTH ACCLAIM 01
Vehicle 2 1992 FORD TAURUS 02
Year Make Model NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>3</u>	Size	<u>3</u>
Weight		Weight	
<u>1263</u> + <u>277</u> + <u>0</u> = <u>1540</u> kg		<u>1494</u> + <u>80</u> + <u>68</u> = <u>1642</u> kg	
Curb Occupant(s) Cargo		Curb Occupant(s) Cargo	
CDC	<u>12 F Y E W 3</u>	CDC	<u>01 F Z E W 2</u>
PDOF (-180 to +180)	<u>0 0 0 3</u> °	PDOF (-180 to +180)	<u>0 1 5</u> °
Stiffness	<u>9</u>	Stiffness	<u>3</u>

SCENE INFORMATION

Rest and Impact Positions ☐ No, Go To Damage Information ☐ Yes

VEHICLE 1		VEHICLE 2	
Rest Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °	Rest Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °
Impact Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °	Impact Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °
Slip Angle(-180 to +180)	<u> </u> °	Slip Angle (-180 to +180)	<u> </u> °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1		VEHICLE 2	
Skidding (Rotation)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding (Rotation)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °	End of Rotation Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path	X <u> </u> m Y <u> </u> m	Point on Path	X <u> </u> m Y <u> </u> m
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

FRICITION INFORMATION

Coefficient of Friction . _____
Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____
LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____
LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °
LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °
LR _____ ° RR _____ °

Terrain Boundary [] No [] Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L 1 5 2 cm

Crush Depths
C₁ Ø 6 1 cm
C₂ Ø 7 7 cm
C₃ Ø 5 1 cm
C₄ Ø 3 6 cm
C₅ Ø 2 4 cm
C₆ Ø 2 1 cm

Damage Offset D ⊖ Ø 3 8 cm

VEHICLE 2

Damage Length L 1 5 8 cm

Crush Depths
C₁ Ø Ø 6 cm
C₂ Ø Ø 6 cm
C₃ Ø 2 9 cm
C₄ Ø 5 5 cm
C₅ Ø 3 Ø cm
C₆ Ø 2 7 cm

Damage Offset D ⊕ Ø 3 9 cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____
Make: _____
Model: _____
VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: [REDACTED] 93

2. Police Investigated

- (1) Yes
(2) No
(3) Unknown

Agency: [REDACTED]

City: [REDACTED]

County: [REDACTED] mb.

3. General Locality

- (1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields

4. Configuration (First Barn)

- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

5. Fire Involved

- (0) None
(1) Airbag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown

6. Vehicles Involved

7. Persons Involved

8. Injured Persons

9. [REDACTED]

AIRB

10. Date Vehicle Inspected: [REDACTED] 93

11. Reason Vehicle Note Inspected

- (0) Not Required
(1) Inspection Completed
(2) Cannot be Located
(3) Repaired or Destroyed
(5) Refusal or Impounded
(7) Other:

12. Impact Data Obtained

- (0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush, and Trajectory

13. Basis of Delta-V

- (0) Not Computed (Unknown why)
(1) CRASH - Damage Only
(2) CRASH - Damage + Traj
(3) OLDNISS
(4) POLES
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle?

- (1) Yes
(2) No
(9) Unknown

15. Prior AB Maintenance or Service

- (1) Yes, (2) No, (9) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: NONEVIN: 1P3XA46K2PF ~~xxxxxx~~Mileage: 39154 Km
(24,330 mi.)

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 1
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
17. Driver's Report of Pre-Impact Flashing φφ
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)
- Number of Flashes:
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown
18. Period of Pre-Impact Flashing φ
- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown
19. Post-Impact Lamp Condition 2
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
20. Post-Impact Flashing φφ
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)
- Number of Flashes:
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown

21. Airbag Vehicle First Harmful Event 13
- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife
- COLLISION WITH:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- COLLISION WITH FIXED OBJECT
- (20) Building
- (21) Impact attenuator/crash cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/traffic sign post
- (30) Overhead sign support
- (31) Luminaire/light support
- (32) Utility pole
- (33) Other post, pole, or support
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone, or concrete
- (39) Fence
- (40) Wall
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity
- (99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 3
- (0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 2
- (1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 1
- (8) 8 or more
(9) Unknown
25. Rollover φ
- (0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underride φ
- (0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, (2) No, (9) Unknown

27. Left Front Fender Damage 1
28. Right Front Fender Damage 1
29. Center Top of Grille Damage 1

FRONT BUMPER E.A. STATUS

30. Left 4
31. Right 3
- (1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 2
- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
33. CDC: 12 FYEW 3
34. Object Contacted: 1992 FORD TAURUS STA. WAG.

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V (KPH) 38
37. Longitudinal Delta-V (KPH) -38
38. Configuration 2
- See 32 above for codes
39. CDC: 12 FYEW 3
40. Object Contacted: 1992 FORD TAURUS STA. WAG.

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
 (2) No, Intact
 (3) Not Applicable
 (9) Unknown

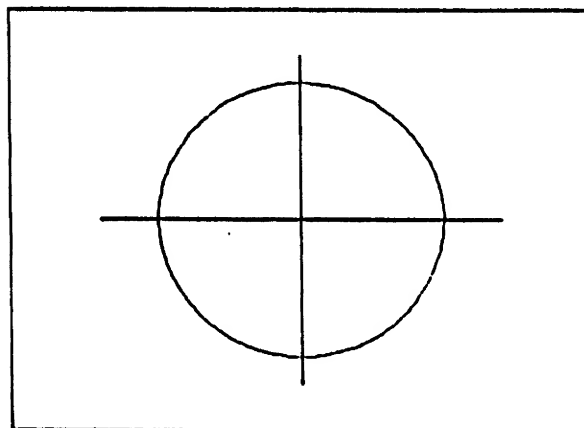
- | | |
|---|--|
| 41. Airbag Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 42. Left Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |
| 43. Center Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 44. Right Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 45. Rear Cowl Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 46. Diagnostic Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 47. Wiring | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 48. Knee Diverter | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> |
| 49. Indication of disconnected
or loose electrical
connectors | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 50. Condition of Deployed Bag | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |
- (1) Bag intact
 (2) Split or torn
 (3) Cut by object in impact
 (4) Cut after accident
 (5) Other
 (8) NA (not deployed)
 (9) Unknown

DESCRIBE SYSTEM AND BAG DAMAGE:

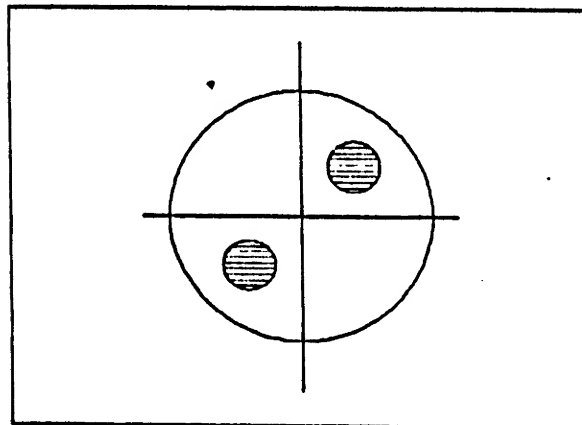
LIF SENSOR CAUSED BY IMPACT.

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAM
 BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle 4
52. Number of Injured Persons 4
53. Maximum AIS in Airbag Vehicle 3
- (0) No Injury
- (1-6) AIS Severity
- (7) Injured, unknown severity
- (9) Unknown

DRIVER

Age: 45

Sex: MALE

54. Number of Driver Injuries
- 2

55. Source of Best Injury Data 2
- (0) Not injured
- (1) Autopsy
- (2) Hospital Medical Records
- (3) Emergency Room only
- (4) Private physician, clinic
- (5) Lay Coroner Report
- (6) EMS Personnel
- (7) Interviewee
- (8) Police
- (9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	_____	_____
Chest	_____	_____
Abdomen	_____	_____
Legs/Hips	<u>2</u>	<u>09</u>
Other (Arms)	<u>1</u>	<u>04</u>
Driver Maximum	<u>2</u>	<u>09</u>

EJECTION

Extent: N/A

Portal: N/A

OTHER VEHICLE:

Maximum AIS	<u>2</u>
Prime/Deploy Impact w AB Vehicle Event Number	<u>1</u>

CDC: 01F8EW2

Total Delta V (KPH) 35

Make: FORD

Model Year: 1992

Model: TAURUS

Body Type: STATION WAGON

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

2

Evidence: SEAT BELT INSPECTION, OCCUPANT CONTACT POINTS

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

R. FOOT ON BRAKE, L. FOOT ON FLOOR/TOE PAN
 BOTH HANDS ON STEERING WHEEL RIM - 10 O'CLOCK 2 O'CLOCK POSITION
 SITTING IN A NORMAL, UPRIGHT SEATED POSITION.

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

1

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

NONE, DOESN'T SMOK - DOESN'T WEAR GLASSES

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

1

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

WAS AWARE OF THE AIRBAG - NOTICED NO UNUSAL NOISE OR ODOR,

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: [REDACTED] 93

2. Police Investigated

- (1) Yes
(2) No
(3) Unknown

Agency: MSP

City:

County: HARFORD, MD.

3. General Locality

- (1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields

4. Configuration (First Harm)

- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

5. Fire Involved

- (0) None
(1) Airbag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown

6. Vehicles Involved

7. Persons Involved

8. Injured Persons

9.

AIRBA

10. Date Vehicle Inspected: [REDACTED] 3

11. Reason Vehicle Note Inspected

- (0) Not Required
(1) Inspection Completed
(2) Cannot be Located
(3) Repaired or Destroyed
(5) Refusal or Impounded
(7) Other:

12. Impact Data Obtained

- (0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush, and Trajectory

13. Basis of Delta-V

- (0) Not Computed (Unknown why)
(1) CRASH - Damage Only
(2) CRASH - Damage + Traj
(3) OLDNISS
(4) POLES
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle?

- (1) Yes
(2) No
(9) Unknown

15. Prior AB Maintenance or Service

- (1) Yes, (2) No, (9) Unknown

Describe:

Ford

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: *NONE*VIN: *1FACP5745NA*

Mileage:

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 1
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
17. Driver's Report of Pre-Impact Flashing φφ
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)
- Number of Flashes: ____
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown
18. Period of Pre-Impact Flashing φ
- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown
19. Post-Impact Lamp Condition 2
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
20. Post-Impact Flashing φφ
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)
- Number of Flashes: ____
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown

21. Airbag Vehicle First Harmful Event 13
- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife
- COLLISION WITH:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- COLLISION WITH FIXED OBJECT
- (20) Building
- (21) Impact attenuator/crash cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/traffic sign post
- (30) Overhead sign support
- (31) Luminaire/light support
- (32) Utility pole
- (33) Other post, pole, or support
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone, or concrete
- (39) Fence
- (40) Wall
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity
- (99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 3
- (0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 2
- (1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 1
- (8) 8 or more
(9) Unknown
25. Rollover φ
- (0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underide φ
- (0) No override/underide
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underide - 1st CDC
(4) Underide - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, (2) No, (9) Unknown

27. Left Front Fender Damage 2
28. Right Front Fender Damage 1
29. Center Top of Grille Damage 1

FRONT BUMPER E.A. STATUS

30. Left 2
31. Right 4
- (1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 2
- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
33. CDC: *φ1 FEEW2*
34. Object Contacted: *1993 Plymouth Acclaim*

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V (KPH) 35
37. Longitudinal Delta-V (KPH) -34
38. Configuration 2
- See 32 above for codes
39. CDC: *φ1 FEEW2*
40. Object Contacted: *1993 Plymouth Acclaim*

AIRBAG SUPPLEMENT

4

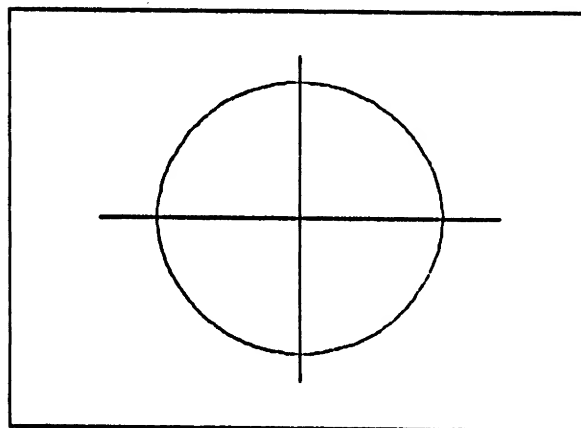
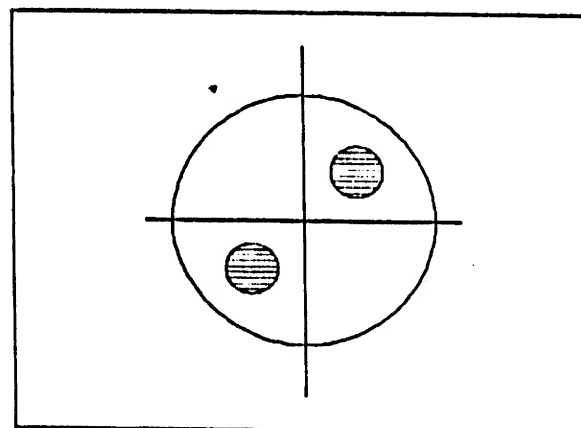
AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
 (2) No, Intact
 (3) Not Applicable
 (9) Unknown

- | | |
|---|--|
| 41. Airbag Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 42. Left Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 43. Center Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 44. Right Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 45. Rear Cowl Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 46. Diagnostic Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 47. Wiring | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 48. Knee Diverter | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> |
| 49. Indication of disconnected
or loose electrical
connectors | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 50. Condition of Deployed Bag | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |
- (1) Bag intact
 (2) Split or torn
 (3) Cut by object in impact
 (4) Cut after accident
 (5) Other
 (8) NA (not deployed)
 (9) Unknown

DESCRIBE SYSTEM AND BAG DAMAGE:**NO DAMAGE**

**NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS
 BELOW:**

FRONT**BACK**

AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle 1
52. Number of Injured Persons 1
53. Maximum AIS in Airbag Vehicle 2
- (0) No Injury
- (1-6) AIS Severity
- (7) Injured, unknown severity
- (9) Unknown

DRIVER

Age: 39

Sex: MALE

54. Number of Driver Injuries
- 2

55. Source of Best Injury Data 7
- (0) Not injured
- (1) Autopsy
- (2) Hospital Medical Records
- (3) Emergency Room only
- (4) Private physician, clinic
- (5) Lay Coroner Report
- (6) EMS Personnel
- (7) Interviewee
- (8) Police
- (9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	_____	_____
Chest	_____	_____
Abdomen	<u>1</u>	<u>41</u>
Legs/Hips	_____	_____
Other (Arms)	<u>2</u>	<u>41</u>
Driver Maximum	<u>2</u>	<u>41</u>

EJECTION

Extent: N/APortal: N/A

OTHER VEHICLE:

Maximum AIS 3

Prime/Deploy Impact w AB Vehicle Event Number 1

CDC: 12F4EW3

Total Delta V (KPH) 38

Make: Plymouth

Model Year: 1993

Model: Acclaim

Body Type: 4 Door

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 1Evidence: *LOAD MARKS AND PUCKERING*DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No 1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

*R. FOOT ON ACCELERATOR L. FOOT ON FLOOR/TOE PAN**BOTH HANDS ON STEERING WHEEL RIM - APPROX. AT 10 O'CLOCK 2 O'CLOCK POSITIONS
SITTING IN A NORMAL, UPRIGHT SEATED POSITION.*DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 1

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

*WAS WEARING GLASSES - THEY WERE NOT BROKEN, NOR DID THEY LEAVE HIS FACE
NO OTHER FOREIGN OBJECTS*DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 1

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

*NOTICED NO UNUSUAL NOISE, ODOR, OR SMOKE. THE DRIVER WAS AWARE OF THE
AIR BAG AND WAS DELIGHTED WITH ITS OPERATION. HE FELT HE WOULD HAVE SUSTAINED GREATER
INJURY WITHOUT IT.*PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown 2

Describe:



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit: DSI-93-AB-006 Case No.-Stratum
Accident Event Sequence No.: 01
Date (Month, day, year) of Run: 9 3

CRASHPC Vehicle Identification

Vehicle 1: 1993 PLYMOUTH ACCLAIM 01
Vehicle 2: 1992 FORD TAURUS 02
Year Make Model NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>3</u>	Size	<u>3</u>
Weight		Weight	
<u>1263</u> + <u>277</u> + <u>0</u> = <u>1540</u> kg		<u>1494</u> + <u>80</u> + <u>68</u> = <u>1642</u> kg	
Curb Occupant(s) Cargo		Curb Occupant(s) Cargo	
CDC	<u>12 F Y E W 3</u>	CDC	<u>01 F Z E W 2</u>
PDOF (-180 to +180)	<u>0 0 0 3</u> °	PDOF (-180 to +180)	<u>0 0 1 5</u> °
Stiffness	<u>9</u>	Stiffness	<u>3</u>

SCENE INFORMATION

Rest and Impact Positions ☐ No, Go To Damage Information ☐ Yes

VEHICLE 1		VEHICLE 2	
Rest Position	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m PSI <u> </u> °	Rest Position	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m PSI <u> </u> °
Impact Position	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m PSI <u> </u> °	Impact Position	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m PSI <u> </u> °
Slip Angle(-180 to +180)	<u> </u> °	Slip Angle (-180 to +180)	<u> </u> °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1		VEHICLE 2	
Skidding (Rotation)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding (Rotation)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m PSI <u> </u> °	End of Rotation Position	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m PSI <u> </u> °
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m	Point on Path	X <u> </u> . <u> </u> m Y <u> </u> . <u> </u> m
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

FRICTION INFORMATION

Coefficient of Friction . _____

Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Terrain Boundary [] No [] Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L 1 5 2 cm

Crush Depths

C₁ Ø 6 1 cm

C₂ Ø 7 7 cm

C₃ Ø 5 1 cm

C₄ Ø 3 6 cm

C₅ Ø 2 4 cm

C₆ Ø 2 1 cm

Damage Offset D ⊖ Ø 3 8 cm

VEHICLE 2

Damage Length L 1 5 8 cm

Crush Depths

C₁ Ø Ø 6 cm

C₂ Ø Ø 6 cm

C₃ Ø 2 9 cm

C₄ Ø 5 5 cm

C₅ Ø 3 Ø cm

C₆ Ø 2 7 cm

Damage Offset D ⊕ Ø 3 9 cm**IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.**

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(KPH)	LONG.(KPH)	LAT.(KPH)	ANG.(DEG)
	VEH #1	37.6	-37.5	2.0	-3.0
	VEH #2	35.2	-34.0	-9.1	15.0

ENERGY DISSIPATED BY DAMAGE VEH#1:107231.8 JOULES VEH#2: 63663.9 JOULES

SUMMARY OF DAMAGE DATA
VEHICLE # 1(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 9
 WEIGHT----- 1540.0 KGS
 CDC-----12PYEW3
 L----- 152.4 CM.
 C1----- 60.7 CM.
 C2----- 77.0 CM.
 C3----- 51.3 CM.
 C4----- 36.1 CM.
 C5----- 24.4 CM.
 C6----- 20.6 CM.
 D----- -38.1 CM.
 RHO----- 1.00 *
 ANG----- -3.0 DEG.
 D'----- -55.4 CM.

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 1642.0 KGS
 CDC-----01PZEW2
 L----- 157.5 CM.
 C1----- 5.6 CM.
 C2----- 5.6 CM.
 C3----- 29.2 CM.
 C4----- 54.9 CM.
 C5----- 29.5 CM.
 C6----- 27.2 CM.
 D----- 39.4 CM.
 RHO----- 1.00 *
 ANG----- 15.0 DEG.
 D'----- 56.1 CM.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 130.3 CM.
 B1 = 141.0 CM.
 TR1 = 149.6 CM.
 I1 = 331504.9 NEWT-SEC**2-CM
 M1 = 15.458 NEWT-SEC**2/CM
 XP1 = 228.1 CM.
 XR1 = -270.3 CM.
 YS1 = 92.2 CM.

A2 = 130.3 CM.
 B2 = 141.0 CM.
 TR2 = 149.6 CM.
 I2 = 353475.1 NEWT-SEC**2-CM
 M2 = 16.483 NEWT-SEC**2/CM
 XP2 = 228.1 CM.
 XR2 = -270.3 CM.
 YS2 = 92.2 CM.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #1	23.3	-23.3	1.2	-3.0
	VEH #2	21.9	-21.1	-5.7	15.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 79079.5 FT-LB VEH#2: 46949.8 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 9
 WEIGHT----- 3395.0 LBS.
 CDC-----12FYEW3
 L----- 80.0 IN.
 C1----- 23.9 IN.
 C2----- 30.3 IN.
 C3----- 20.2 IN.
 C4----- 14.2 IN.
 C5----- 9.8 IN.
 C6----- 8.1 IN.
 D----- -15.0
 RHO----- 1.00 *
 ANG----- -3.0 DEG.
 D'----- -21.8 IN.

TYPE-----CATEGORY 3
 STIFFNESS---CATEGORY 3
 WEIGHT----- 3020.0 LBS.
 CDC-----01FZEW2
 L----- 82.0 IN.
 C1----- 2.2 IN.
 C2----- 2.2 IN.
 C3----- 11.5 IN.
 C4----- 21.8 IN.
 C5----- 11.8 IN.
 C6----- 10.7 IN.
 D----- 15.5
 RHO----- 1.00 *
 ANG----- 15.0 DEG.
 D'----- 22.1 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	51.3	IN.	A2	=	51.3	IN.
B1	=	55.5	IN.	B2	=	55.5	IN.
TR1	=	58.9	IN.	TR2	=	58.9	IN.
I1	=	29342.1	LB-SEC**2-IN	I2	=	31288.7	LB-SEC**2-IN
M1	=	8.827	LB-SEC**2/IN	M2	=	9.412	LB-SEC**2/IN
XF1	=	89.8	IN.	XF2	=	89.8	IN.
XR1	=	-108.4	IN.	XR2	=	-108.4	IN.
YS1	=	38.3	IN.	YS2	=	38.3	IN.